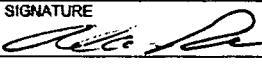
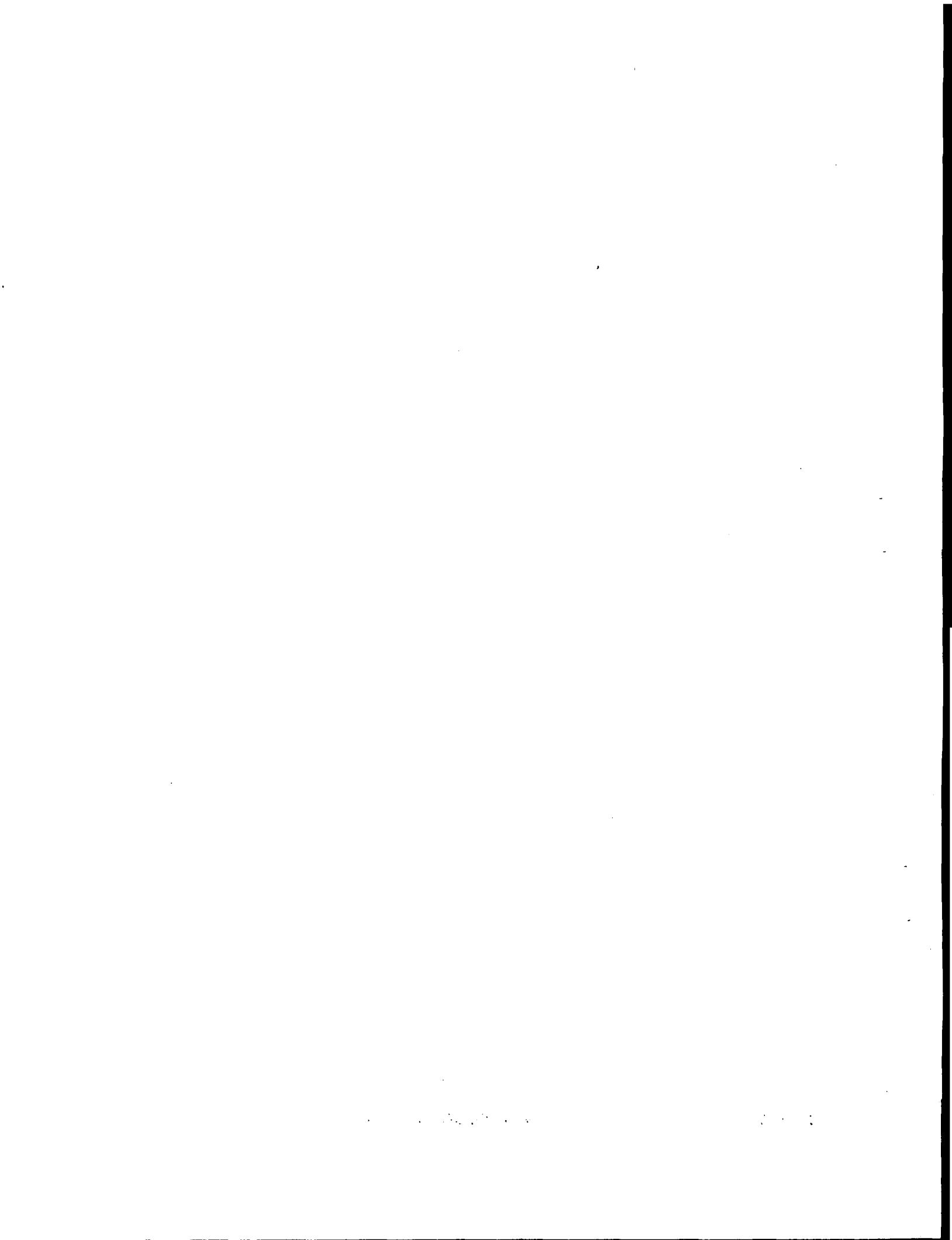


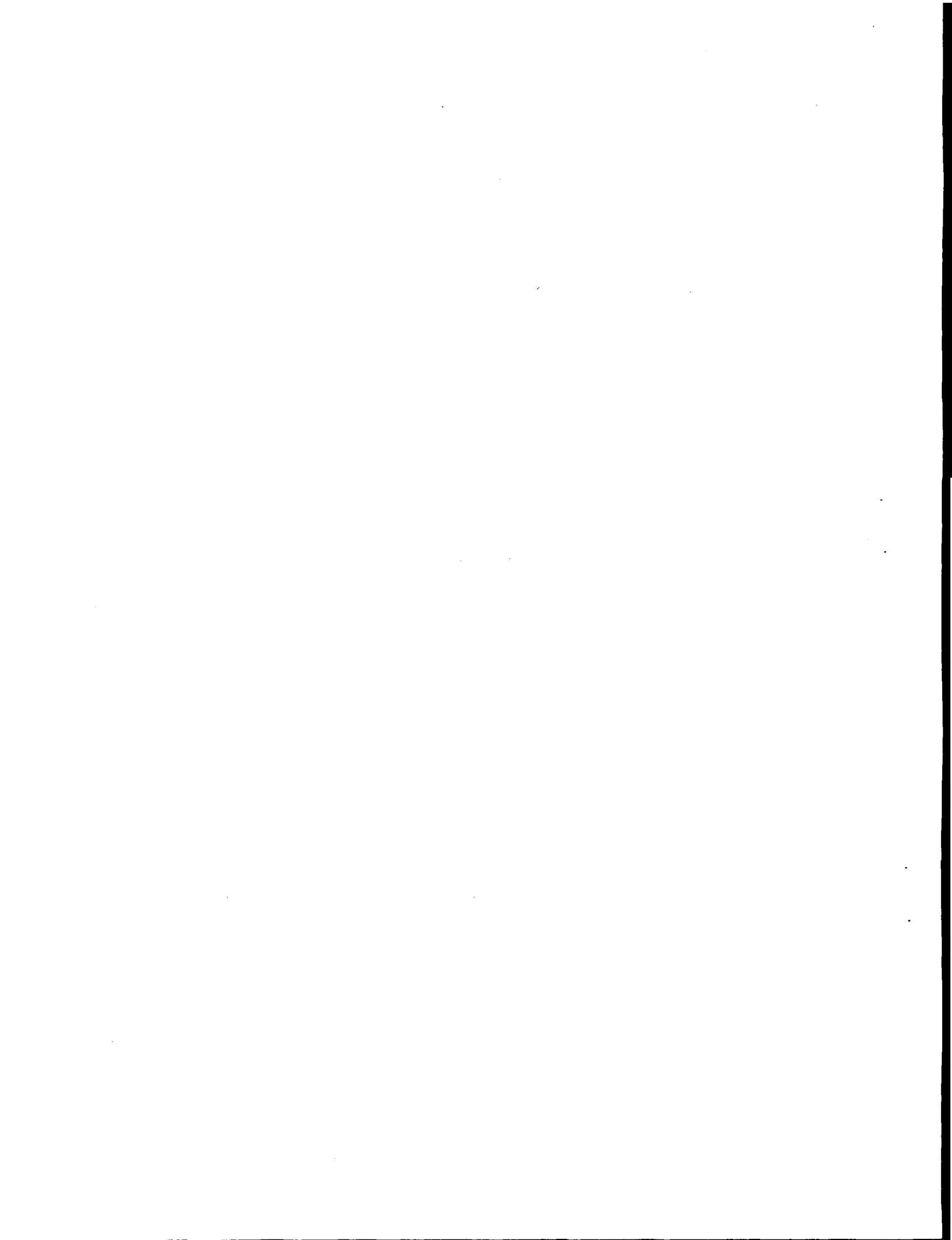
## FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE

Form Approved  
O.M.B. No. 2120-0018  
Exp. date: 12/31/2010

<b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>				INSTRUCTIONS - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI and VII as applicable.											
I. AIRCRAFT DESIGNATION	1. REGISTRATION MARK <b>N6542B</b>	2. AIRCRAFT BUILDER'S NAME (Make) <b>Blackwater Airships, LLC</b>	3. AIRCRAFT MODEL DESIGNATION <b>Polar 400</b>	4. YR. MFR. <b>2007</b>	FAA CODING										
	5. AIRCRAFT SERIAL NO. <b>400-001</b>	6. ENGINE BUILDER'S NAME (Make) <b>Thielert Aircraft Engines</b>	7. ENGINE MODEL DESIGNATION <b>Centurian 4.0</b>												
	8. NUMBER OF ENGINES <b>1 (One)</b>	9. PROPELLER BUILDER'S NAME (Make) <b>MT-Propeller GmbH</b>	10. PROPELLER MODEL DESIGNATION <b>MTV-6-A-CR(H)/CRRD175-05</b>	11. AIRCRAFT IS (Check if applicable) <b>IMPORT</b>											
	APPLICATION IS HEREBY MADE FOR: (Check applicable items)														
II. CERTIFICATION REQUESTED	<input type="checkbox"/> 1	STANDARD AIRWORTHINESS CERTIFICATE (Indicate Category)		NORMAL	UTILITY	ACROBATIC	TRANSPORT	COMMUTER	BALLOON	OTHER					
	<input checked="" type="checkbox"/> 2	SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)													
	<input type="checkbox"/> 3	PRIMARY													
	<input type="checkbox"/> 4	LIGHT-SPORT (Indicate Class)		AIRPLANE	POWER-PARACHUTE	WEIGHT-SHIFT-CONTROL	GLIDER	LIGHTER THAN AIR							
	<input type="checkbox"/> 5	LIMITED													
	<input type="checkbox"/> 6	PROVISIONAL (Indicate Class)		CLASS I											
	<input type="checkbox"/> 7	CLASS II													
	<input type="checkbox"/> 8	RESTRICTED (Indicate operation(s) to be conducted)		AGRICULTURE AND PEST CONTROL	2	AERIAL SURVEY	3	AERIAL ADVERTISING							
	<input type="checkbox"/> 9	EXPERIMENTAL (Indicate operation(s) to be conducted)		FOREST (Wildlife Conservation)	4	PATROLLING	5	WEATHER CONTROL							
	<input type="checkbox"/> 10	RESEARCH AND DEVELOPMENT		6	AMATEUR BUILT	7	EXHIBITION								
	<input type="checkbox"/> 11	AIR RACING		8	CREW TRAINING	9	MARKET SURVEY								
	<input type="checkbox"/> 12	TO SHOW COMPLIANCE WITH THE CFR		10	OPERATING (Primary Category) KIT BUILT AIRCRAFT	11									
	<input type="checkbox"/> 13	OPERATING LIGHT-SPORT		12	Existing Aircraft without an airworthiness certificate & do not meet § 103.1	13									
	<input type="checkbox"/> 14	OPERATING LIGHT-SPORT		14	Operating Light-Sport Kit-Built	15									
	<input type="checkbox"/> 15	OPERATING LIGHT-SPORT		16	Operating light-sport previously issued special light-sport category airworthiness certificates under § 21.100	17									
	<input type="checkbox"/> 16	SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted; then complete Section VI or VII as applicable on reverse side)		18											
	<input type="checkbox"/> 17	FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE		19											
	<input type="checkbox"/> 18	EVACUATION FROM AREA OF IMPENDING DANGER		20											
<input type="checkbox"/> 19	OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT		21												
<input type="checkbox"/> 20	DELIVERING OR EXPORTING		22	PRODUCTION FLIGHT TESTING	23										
<input type="checkbox"/> 21	CUSTOMER DEMONSTRATION FLIGHTS		24												
<input type="checkbox"/> 22	MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)		25												
III. OWNER'S CERTIFICATION	A. REGISTERED OWNER (As shown on certificate of aircraft registration)				IF DEALER, CHECK HERE →										
	NAME <b>Blackwater Airships, LLC</b>				ADDRESS PO Box 1029, Moyock NC 27958-1029										
	B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)														
	AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) <b>N/A</b>				AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) <b>N/A</b>										
IV. INSPECTION AGENCY VERIFICATION	C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS														
	CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417		TOTAL AIRFRAME HOURS <b>299.0</b>		3	EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) <b>299.0</b>									
	D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq., and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.														
	DATE OF APPLICATION <b>April 15, 2010</b>		NAME AND TITLE (Print or type) <b>Alan Ram (Vice President)</b>		SIGNATURE 										
V. FAA REPRESENTATIVE CERTIFICATION	A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.163(d) applies)														
	<input type="checkbox"/> 1	14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)	3	CERTIFICATED MECHANIC (Give Certificate No.)	5	CERTIFICATED REPAIR STATION (Give Certificate No.)									
	<input type="checkbox"/> 2	AIRCRAFT MANUFACTURER (Give name or firm)													
	DATE <b>MAY 10, 2010</b>		TITLE <b>Atlanta MIDO</b>		SIGNATURE <b>J. Henderson, DARE 501107C6</b>										
(Check ALL applicable block items A and B)				THE CERTIFICATE REQUESTED											
A. I find that the aircraft described in Section I or VII meets requirements for				4	AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE										
B. Inspection for a special permit under Section VII was conducted by:				5	FAA INSPECTOR	6	FAA DESIGNEE	7	CERTIFICATE HOLDER UNDER	8	14 CFR part 65	9	14 CFR part 121 OR 135	10	14 CFR part 145
DATE <b>MAY 10, 2010</b>		DISTRICT OFFICE <b>Atlanta MIDO</b>		11	DESIGNEE'S SIGNATURE AND NO.			12	FAA INSPECTOR'S SIGNATURE						



VI. PRODUCTION FLIGHT TESTING	A. MANUFACTURER					
	NAME		ADDRESS			
	B. PRODUCTION BASIS (Check applicable item)					
		PRODUCTION CERTIFICATE (Give production certificate number)		→		
		TYPE CERTIFICATE ONLY				
		APPROVED PRODUCTION INSPECTION SYSTEM				
	C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS					
	DATE OF APPLICATION		NAME AND TITLE (Print or Type)		SIGNATURE	
	A. DESCRIPTION OF AIRCRAFT					
	REGISTERED OWNER			ADDRESS		
BUILDER (Make)			MODEL			
SERIAL NUMBER			REGISTRATION MARK			
B. DESCRIPTION OF FLIGHT						
FROM			TO			
VIA			DEPARTURE DATE	DURATION		
C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT						
	PILOT	CO-PILOT	FLIGHT ENGINEER	OTHER (Specify)		
D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:						
E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary)						
F. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq., and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described.						
DATE		NAME AND TITLE (Print or Type)			SIGNATURE	
VII. AIRWORTHINESS DOCUMENTATION (FAA FORM 8130-10 only)						
	A. Operating Limitations and Markings in Compliance with 14 CFR Section 91.9, as applicable.			G. Statement of Conformity, FAA Form 8130-9 (Attach when required)		
✓	B. Current Operating Limitations Attached			H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)		
	C. Data, Drawings, Photographs, etc. (Attach when required)		✓	I. Previous Airworthiness Certificate Issued in Accordance with 14 CFR Section 21.191 (a) CAR _____ (Original Attached)		
✓	D. Current Weight and Balance Information Available in Aircraft		✓	J. Current Airworthiness Certificate Issued in Accordance with 14 CFR Section 21.191 (a) (Copy Attached)		
	E. Major Repair and Alteration, FAA Form 337 (Attach when required)		✓	K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)		
✓	F. This inspection Recorded in Aircraft Records					



UNITED STATES OF AMERICA  
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
**SPECIAL AIRWORTHINESS CERTIFICATE**

<b>A</b>	CATEGORY/DESIGNATION <b>EXPERIMENTAL</b>	
	PURPOSE <b>RESEARCH AND DEVELOPMENT</b>	
<b>B</b>	MANU-FACTURER	NAME <b>N/A</b>
		ADDRESS <b>N/A</b>
<b>C</b>	FLIGHT	FROM <b>N/A</b>
		TO <b>N/A</b>
<b>D</b>	<b>N- 6542B</b>	SERIAL NO. <b>400-01</b>
	<b>BUILDER</b> <b>BLACKWATER AIRSHIPS LLC</b>	MODEL <b>POLAR 400</b>
<b>E</b>	<b>DATE OF ISSUANCE</b> <b>MAY 10, 2010</b>	<b>EXPIRY</b> <b>NOV 9, 2010</b>
	<b>OPERATING LIMITATIONS DATED MAY 10, 2010 ARE A PART OF THIS CERTIFICATE</b>	
	<b>SIGNATURE OF FAA REPRESENTATIVE</b> 	<b>DESIGNATION OR OFFICE NO.</b>
	<b>John Hankinson</b>	<b>DARF501107CE</b>

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.

## UNITED STATES OF AMERICA

DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
SPECIAL AIRWORTHINESS CERTIFICATE

A	CATEGORY/DESIGNATION <b>EXPERIMENTAL</b>	
	PURPOSE <b>RESEARCH AND DEVELOPMENT</b>	
B	MANUFACTURER	NAME <b>N/A</b>
		ADDRESS <b>N/A</b>
C	FLIGHT	FROM <b>N/A</b>
		TO <b>N/A</b>
D	N- 6542B	SERIAL NO. <b>400-01</b>
	BUILDER BLACKWATER AIRSHIPS LLC	MODEL <b>POLAR 400</b>
E	DATE OF ISSUANCE <b>NOV 9, 2009</b>	EXPIRY <b>MAY 8, 2010</b>
	OPERATING LIMITATIONS DATED	ARE A PART OF THIS CERTIFICATE
	SIGNATURE OF FAA REPRESENTATIVE	DESIGNATION OR OFFICE NO.
	<i>J. HANKINSON</i>	<i>J. Henderson</i>
		<b>DARF501107CE</b>

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose, shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.



U.S. Department  
of Transportation

**Federal Aviation  
Administration**

**SPECIAL  
EXPERIMENTAL  
RESEARCH and DEVELOPMENT  
OPERATING LIMITATIONS**

**MAKE:** Blackwater Airships, LLC

**MODEL:** Polar 400

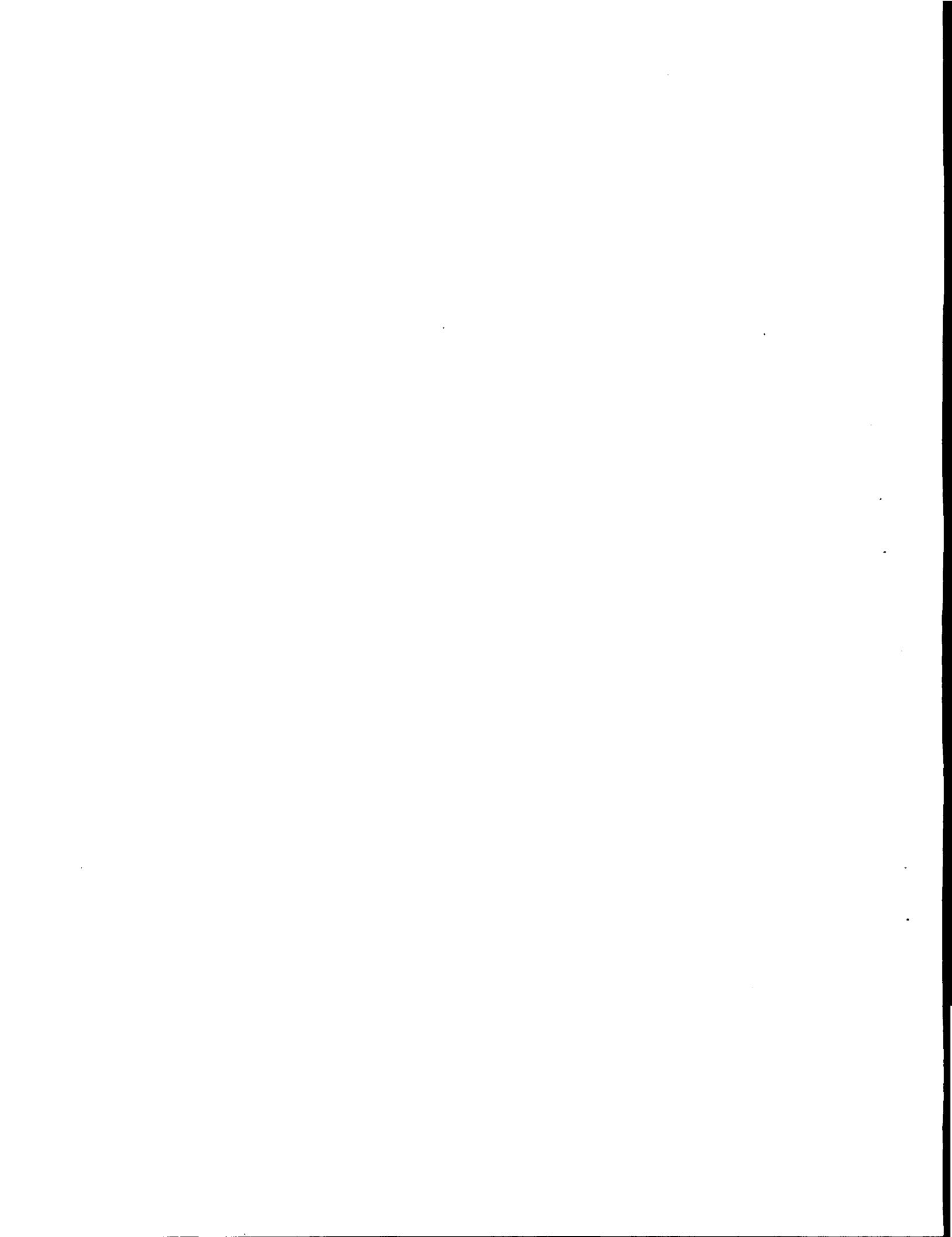
**SERIAL NUMBER:** 400-001

**REG. NUMBER:** N6542B

**Date Issued:** May 10, 2010

**Expiration Date:** Nov 9, 2010

- 1) No person may operate this aircraft unless Form 8130-7 is displayed at the cockpit entrance and visible to flight crew members.
- 2) No person may operate this aircraft for other than the purpose of Research and Development, to accomplish the flight operation outlined in the program letter dated April 15, 2010, which describes compliance with §21.193(d), and has been made available to the pilot in command of the aircraft. In addition, this aircraft must be operated in accordance with applicable air traffic and general operating rules of part 91, and all additional limitations herein prescribed under provisions of §91.319(e).
- 3) All flights of this aircraft must be conducted over open water or sparsely populated areas having light air traffic, within the geographic area described as follows: Within 150 nautical mile radius of the former Weeksville, NC Naval Air Station (EKV) 36°13'59.19"N, 76°08'0.01"W.
- 4) This aircraft must not be operated unless it is inspected and maintained in accordance with the manufacturers recommendations. The owner/operator must select, establish, identify, and use an inspection program as set forth in §91.409(e), (f), (g) and (h). This inspection program must be recorded in the aircraft maintenance records.
- 5) The pilot in command of this aircraft must hold an appropriate category/class rating. If required for the type of aircraft to be flown, the pilot in command also must hold either an appropriate type rating or a letter of authorization issued by an FAA Flight Standards Operations Inspector.
- 6) This aircraft is to be operated under VFR, day and/or night.
- 7) No person may operate this aircraft for carrying persons or property for compensation or hire.
- 8) No person may be carried in this aircraft during flight unless that person is essential to the purpose of the flight.
- 9) The pilot in command of this aircraft must advise each passenger of the experimental nature of this aircraft, and explain that it does not meet the certification requirements of a standard certificated aircraft.



- 10) This aircraft must contain the placards, markings, etc. required by §91.9(c).
- 11) This aircraft is prohibited from aerobatic flight, that is, an intentional maneuver involving an abrupt change in the aircraft's attitude, an abnormal attitude, or abnormal acceleration not necessary for normal flight.
- 12) No person may operate this aircraft unless within the preceding 12 calendar months it has had a condition inspection performed in accordance with appendix D of part 43, or other FAA approved program, and was found to be in a condition for safe operation. This inspection will be recorded in the aircraft maintenance records.
- 13) Only FAA certificated mechanics with appropriate ratings as authorized by §43.3 may perform inspections required by these operating limitations.
- 14) Inspections must be recorded in the aircraft maintenance records showing the following, or a similar worded statement: "I certify that this aircraft has been inspected on [insert date] in accordance with the scope and detail of appendix D to part 43, or other FAA approved program, and was found to be in a condition of safe operation." The entry will include the aircraft's total time-in-service, and the name, signature, certificate held by the person performing the inspection.
- 15) This aircraft must display the word "EXPERIMENTAL" in accordance with §45.23(b).
- 16) The pilot in command of this aircraft must notify air traffic control of the experimental nature of this aircraft when operating into or out of airports with operating control towers. The pilot in command must plan routing that will avoid densely populated areas and congested airways when operating VFR.
- 17) Aircraft instruments and equipment installed and used under §91.205 must be inspected and maintained in accordance with the requirements of parts 43 and 91. Any maintenance or inspection of this equipment must be recorded in the aircraft maintenance records.
- 18) Application must be made to the Atlanta MIDO for any revision to these operating limitations.
- 19) Section §47.45 requires that the FAA Aircraft Registry must be notified within 30 days of any change in the aircraft registrant's address. Such notification is to be made by submitting Form 8050-1 to AFS-750 in Oklahoma City, Oklahoma.

May 10, 2010  
Date

J. Hankinson  
FAA Representative

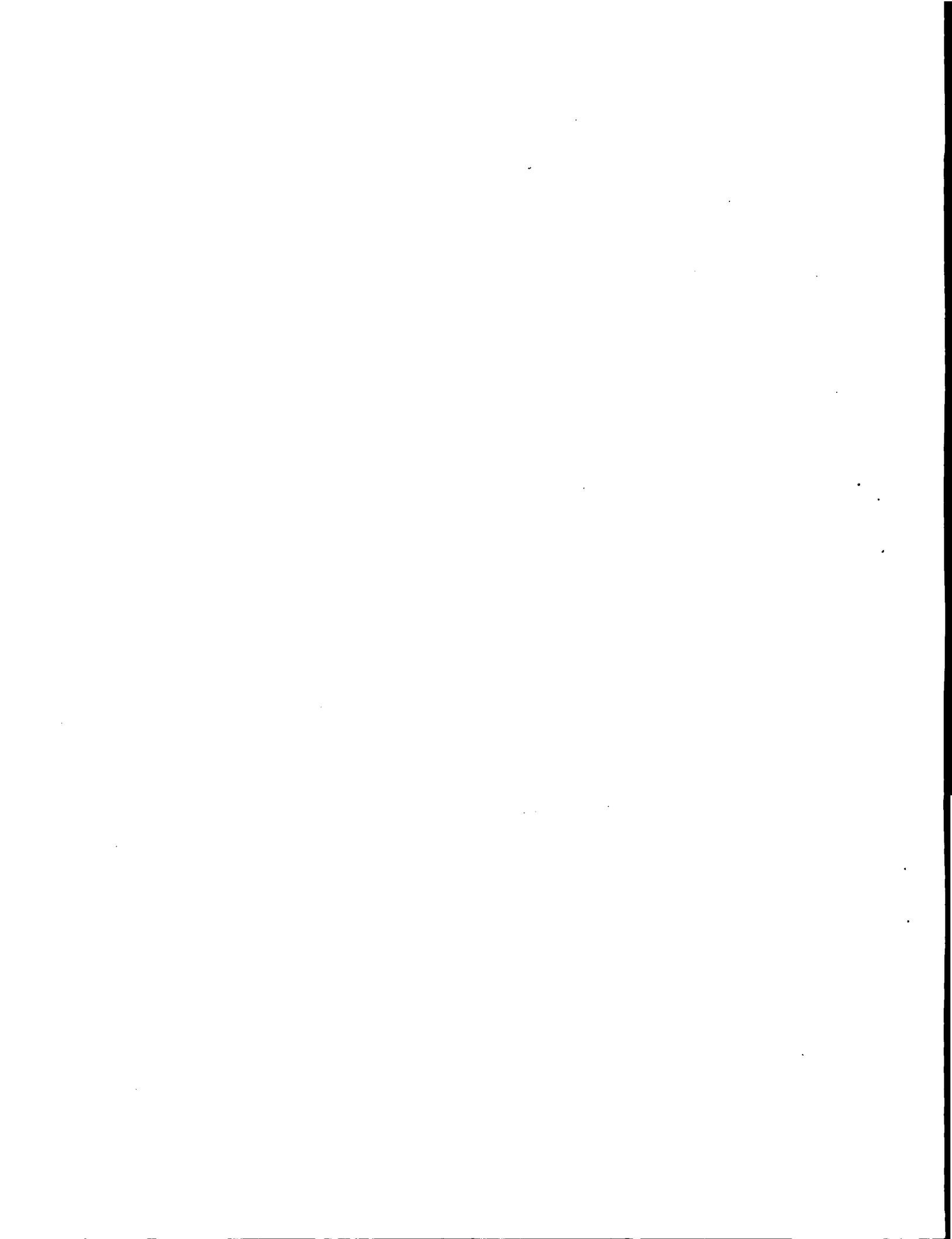
John Hankinson

DARF501107CE  
Designation

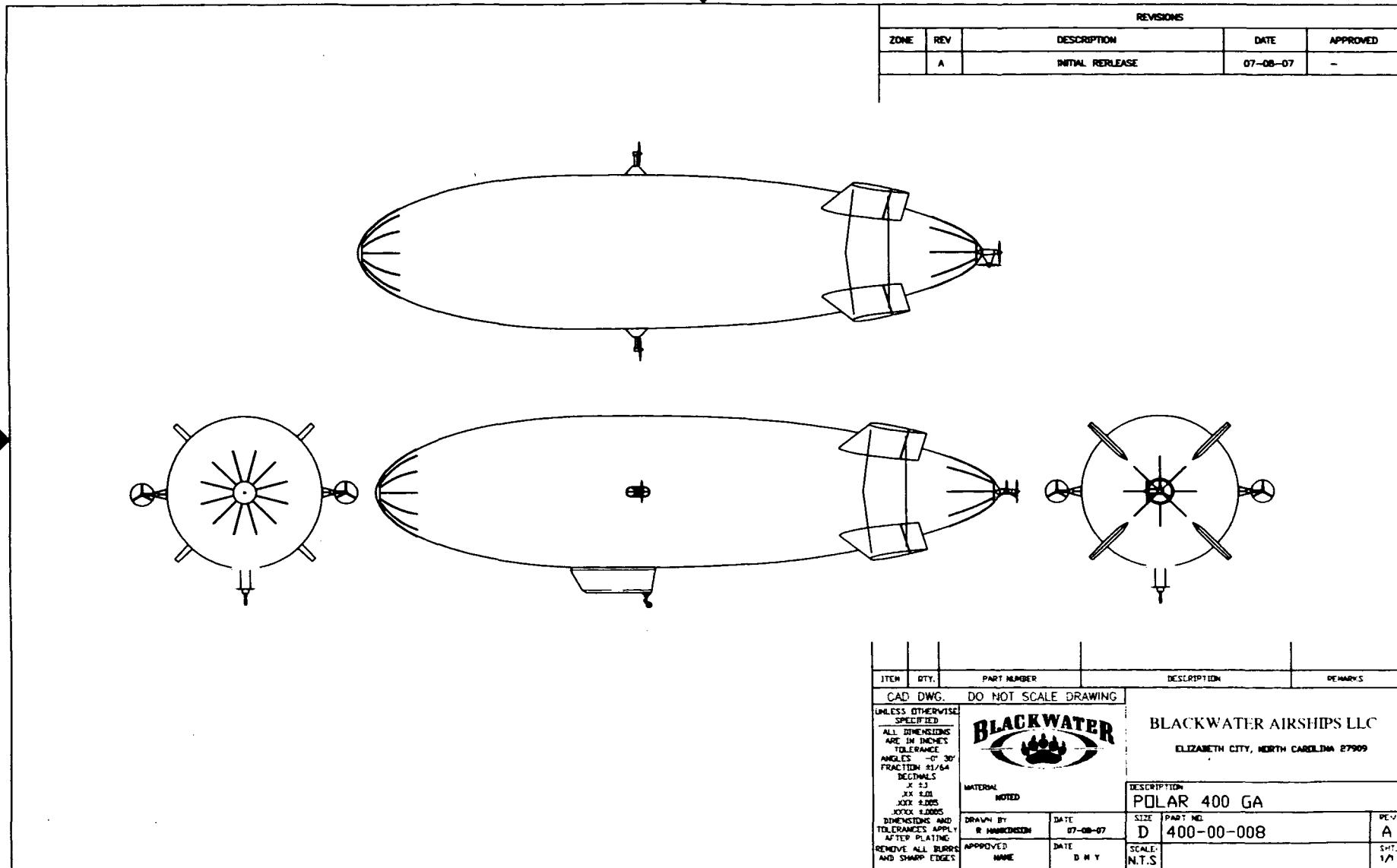
These operating Limitations have been explained, are understood and accepted

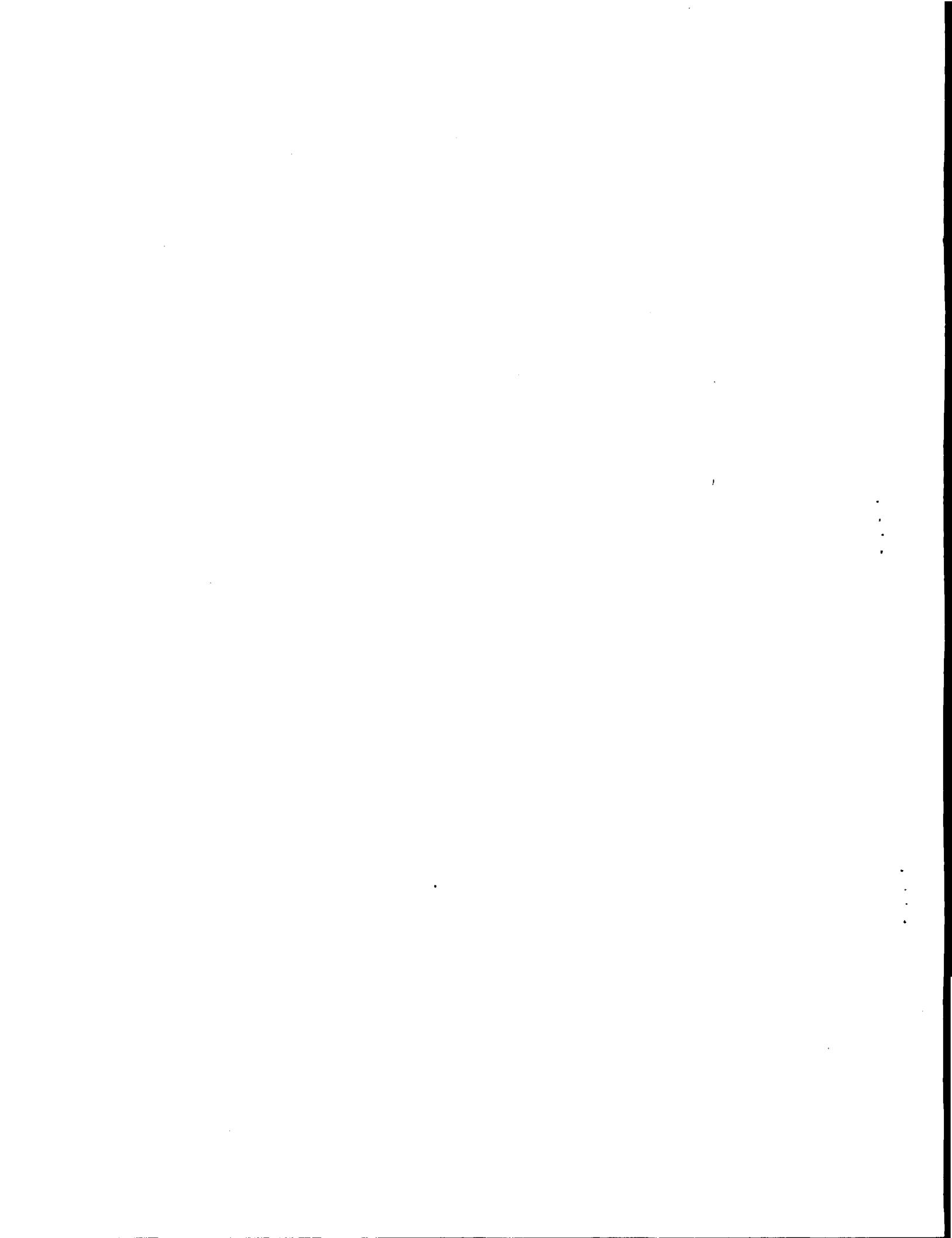
May 10, 2010  
Date

John Hankinson  
Pilot in Command

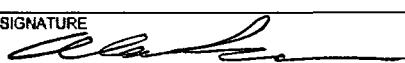


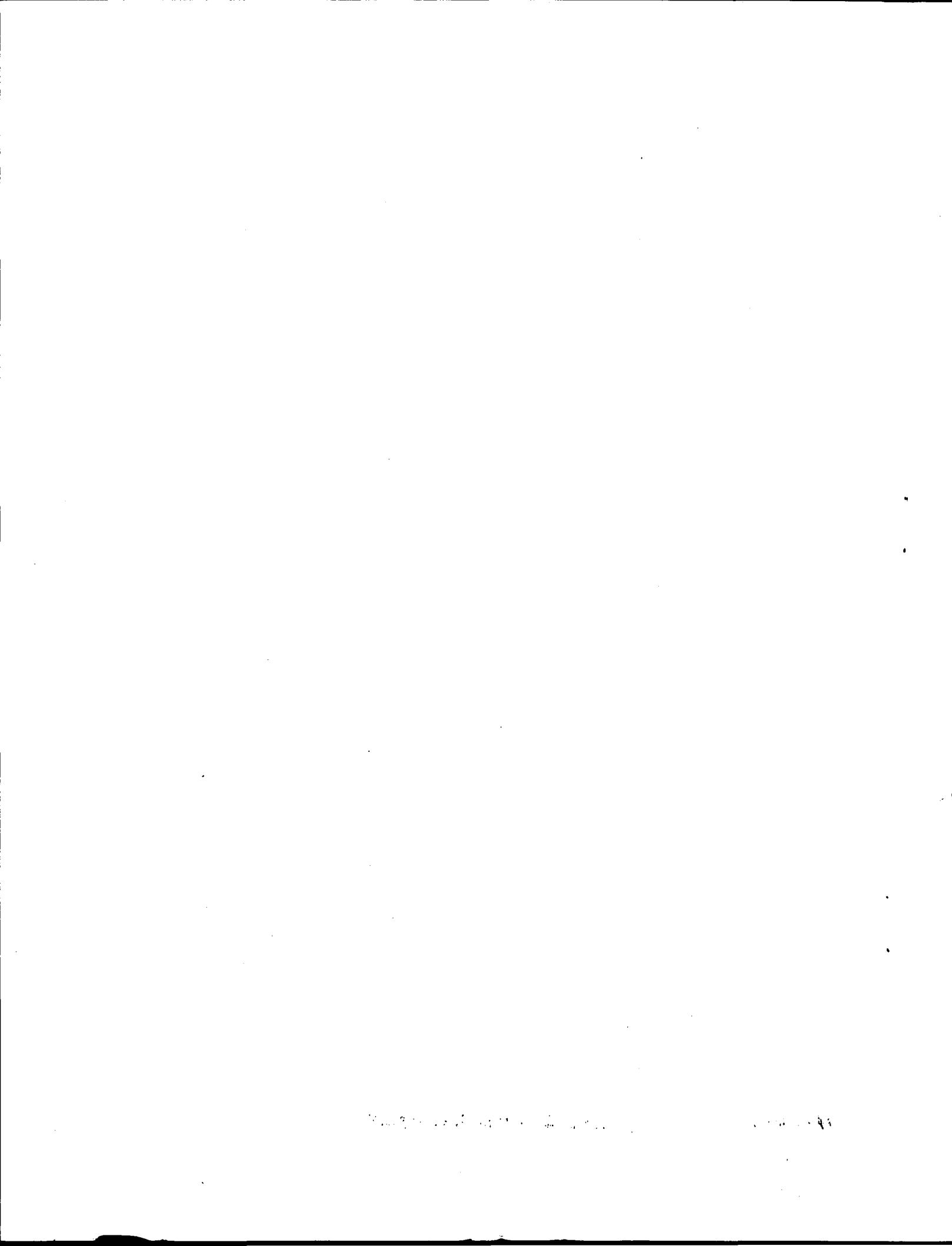
FNAME → REVDATE ← USER



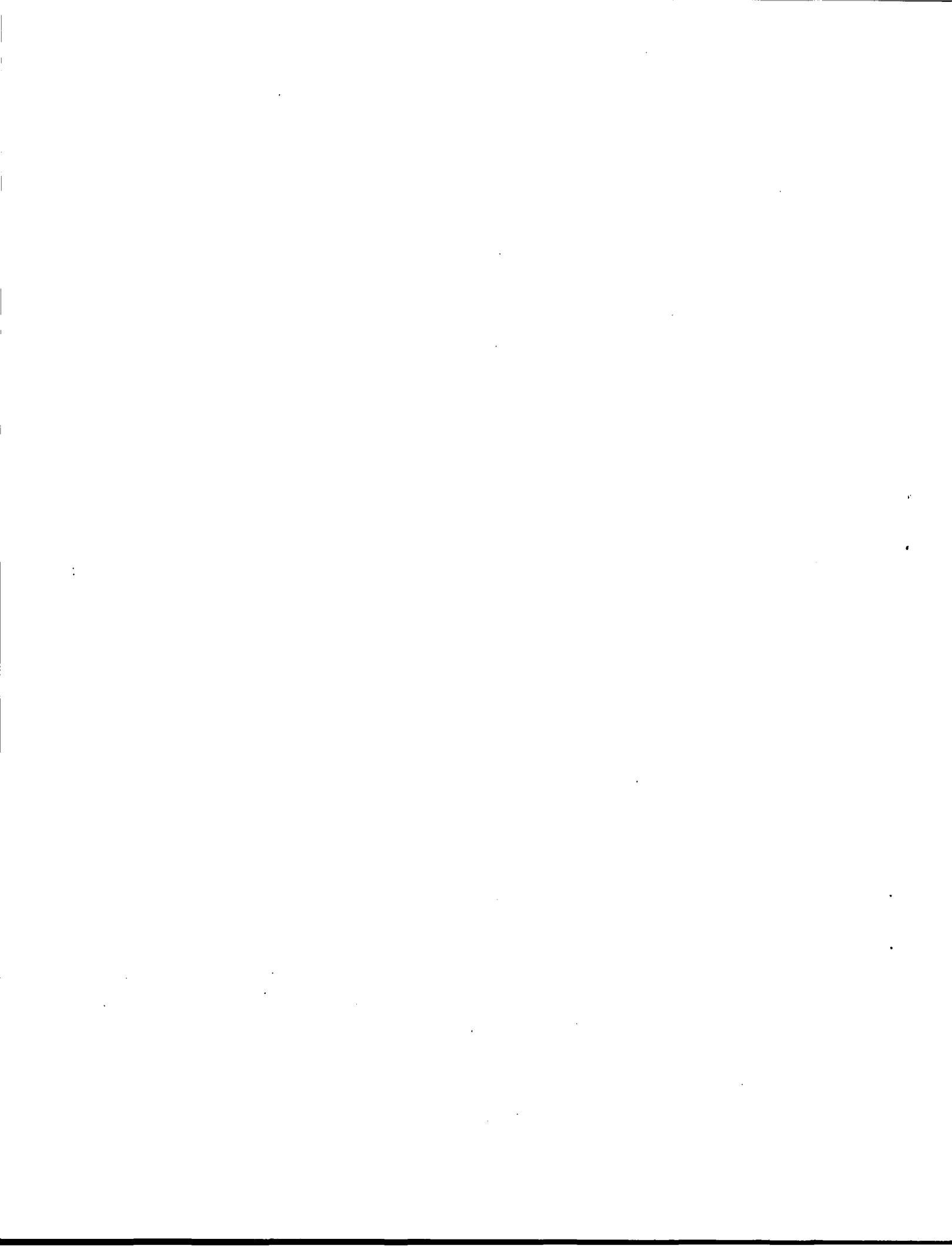


## FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE

 U.S. Department of Transportation Federal Aviation Administration		<b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>				<b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas, these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI and VII as applicable.										
		1. REGISTRATION MARK <b>N6542B</b>	2. AIRCRAFT BUILDER'S NAME (Make) <b>Blackwater Airships, LLC</b>	3. AIRCRAFT MODEL DESIGNATION <b>Polar 400</b>	4. YR. MFR. <b>2007</b>								FAA CODING			
I. AIRCRAFT DESIGNATION	5. AIRCRAFT SERIAL NO. <b>400-001</b>	6. ENGINE BUILDER'S NAME (Make) <b>Thielert Aircraft Engines</b>	7. ENGINE MODEL DESIGNATION <b>Centurian 4.0</b>													
	8. NUMBER OF ENGINES <b>1 (One)</b>	9. PROPELLER BUILDER'S NAME (Make) <b>MT-Propeller GmbH</b>	10. PROPELLER MODEL DESIGNATION <b>MTV-6-A-CR(H)/CRRD175-05</b>	11. AIRCRAFT IS (Check if applicable) <b>IMPORT</b>												
	APPLICATION IS HEREBY MADE FOR: (Check applicable items)															
II. CERTIFICATION REQUESTED	<input type="checkbox"/> 1	STANDARD AIRWORTHINESS CERTIFICATE (Indicate Category)			NORMAL	UTILITY	ACROBATIC	TRANSPORT	COMMUTER	BALLOON	OTHER					
	<input checked="" type="checkbox"/> 2	SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)														
	7		PRIMARY													
	9		LIGHT-SPORT (Indicate Class)		AIRPLANE	POWER-PARACHUTE	WEIGHT-SHIFT-CONTROL	GLIDER	LIGHTER THAN AIR							
	2		LIMITED													
	5		PROVISIONAL (Indicate Class)		1	CLASS I										
	5		PROVISIONAL (Indicate Class)		2	CLASS II										
	3		RESTRICTED (Indicate operation(s) to be conducted)		1	AGRICULTURE AND PEST CONTROL		2	AERIAL SURVEY	3	AERIAL ADVERTISING					
	3		RESTRICTED (Indicate operation(s) to be conducted)		4	FOREST (Wildlife Conservation)		5	PATROLLING	6	WEATHER CONTROL					
	3		RESTRICTED (Indicate operation(s) to be conducted)		0	OTHER (Specify)										
	6		EXPERIMENTAL (Indicate operation(s) to be conducted)		1	RESEARCH AND DEVELOPMENT		2	AMATEUR BUILT	3	EXHIBITION					
	6		EXPERIMENTAL (Indicate operation(s) to be conducted)		4	AIR RACING		5	CREW TRAINING	6	MARKET SURVEY					
	6		EXPERIMENTAL (Indicate operation(s) to be conducted)		0	TO SHOW COMPLIANCE WITH THE CFR		7	OPERATING (Primary Category) KIT BUILT AIRCRAFT							
	6		EXPERIMENTAL (Indicate operation(s) to be conducted)		8	OPERATING LIGHT-SPORT	8A	Existing Aircraft without an airworthiness certificate & do not meet § 103.1								
	6		EXPERIMENTAL (Indicate operation(s) to be conducted)		8	OPERATING LIGHT-SPORT	8B	Operating Light-Sport Kit-Built								
	6		EXPERIMENTAL (Indicate operation(s) to be conducted)		8	OPERATING LIGHT-SPORT	8C	Operating light-sport previously issued special light-sport category airworthiness certificates under § 21.100								
	8		SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		1	FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE										
	8		SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		2	EVACUATION FROM AREA OF IMPENDING DANGER										
8		SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		3	OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT											
8		SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		4	DELIVERING OR EXPORTING		5	PRODUCTION FLIGHT TESTING								
8		SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		6	CUSTOMER DEMONSTRATION FLIGHTS											
C 6 MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)																
III. OWNER'S CERTIFICATION	A. REGISTERED OWNER (As shown on certificate of aircraft registration)				IF DEALER, CHECK HERE <input type="checkbox"/>											
	NAME <b>Blackwater Airships, LLC</b>				ADDRESS <b>PO Box 1029, Moyock NC 27958-1029</b>											
	B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)															
	AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) <b>N/A</b>				AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) <b>N/A</b>											
	AIRCRAFT LISTING (Give page number(s)) <b>N/A</b>				SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) <b>N/A</b>											
	C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS															
CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417		TOTAL AIRFRAME HOURS <b>293.0</b>			3	EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) <b>293.0</b>										
D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.																
DATE OF APPLICATION <b>October 20, 2009</b>		NAME AND TITLE (Print or type) <b>Alan Ram (Vice President)</b>			SIGNATURE 											
IV. INSPECTION AGENCY VERIFICATION	A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)															
	14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) <b>1</b>		3	CERTIFICATED MECHANIC (Give Certificate No.) <b>5</b>			CERTIFICATED REPAIR STATION (Give Certificate No.) <b>6</b>									
	5		AIRCRAFT MANUFACTURER (Give name or firm) <b>Atlanta MIDO</b>													
DATE <b>10-9-2009</b>		TITLE <b>J. Hanlon DARE501107CE</b>			SIGNATURE											
V. FAA REPRESENTATIVE CERTIFICATION	(Check ALL applicable block items A and B)				THE CERTIFICATE REQUESTED											
	A. I find that the aircraft described in Section I or VII meets requirements for conducted by: <b>Atlanta MIDO</b>				4	AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE										
	B. Inspection for a special permit under Section VII was conducted by: <b>Atlanta MIDO</b>				1	FAA INSPECTOR <b>1</b>	FAA DESIGNEE <b>1</b>	CERTIFICATE HOLDER UNDER <b>14 CFR part 65</b>	14 CFR part 121 OR 135	14 CFR part 145						
DATE <b>10-9-2009</b>		DISTRICT OFFICE <b>Atlanta MIDO</b>			DESIGNEE'S SIGNATURE AND NO. <b>J. Hanlon DARE501107CE</b>				FAA INSPECTOR'S SIGNATURE <b>1</b>							



VI. PRODUCTION FLIGHT TESTING	A. MANUFACTURER				
	NAME			ADDRESS	
	B. PRODUCTION BASIS (Check applicable item)				
		PRODUCTION CERTIFICATE (Give production certificate number)		→	
		TYPE CERTIFICATE ONLY			
		APPROVED PRODUCTION INSPECTION SYSTEM			
C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS					
DATE OF APPLICATION		NAME AND TITLE (Print or Type)		SIGNATURE	
VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST	A. DESCRIPTION OF AIRCRAFT				
	REGISTERED OWNER		ADDRESS		
	BUILDER (Make)		MODEL		
	SERIAL NUMBER		REGISTRATION MARK		
	B. DESCRIPTION OF FLIGHT		CUSTOMER DEMONSTRATION FLIGHTS <input type="checkbox"/> (Check if applicable)		
	FROM		TO		
	VIA		DEPARTURE DATE		DURATION
	C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT				
		PILOT	CO-PILOT	FLIGHT ENGINEER	OTHER (Specify)
	D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:				
E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary)					
F. CERTIFICATION – I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code <u>44101 et seq.</u> , and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described.					
DATE		NAME AND TITLE (Print or Type)		SIGNATURE	
<p>A. Operating Limitations and Markings in Compliance with 14 CFR Section 91.9, as applicable.</p> <p><input checked="" type="checkbox"/> B. Current Operating Limitations Attached</p> <p><input checked="" type="checkbox"/> C. Data, Drawings, Photographs, etc. (Attach when required)</p> <p><input checked="" type="checkbox"/> D. Current Weight and Balance Information Available in Aircraft</p> <p><input checked="" type="checkbox"/> E. Major Repair and Alteration, FAA Form 337 (Attach when required)</p> <p><input checked="" type="checkbox"/> F. This inspection Recorded in Aircraft Records</p> <p>G. Statement of Conformity, FAA Form 8130-9 (Attach when required)</p> <p>H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)</p> <p>I. Previous Airworthiness Certificate Issued in Accordance with 14 CFR Section <u>21.191 (a)</u> CAR _____ (Original Attached)</p> <p>J. Current Airworthiness Certificate Issued in Accordance with 14 CFR Section <u>21.191 (a)</u> (Copy Attached)</p> <p>K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)</p>					



UNITED STATES OF AMERICA  
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
**SPECIAL AIRWORTHINESS CERTIFICATE**

A	CATEGORY/DESIGNATION <b>EXPERIMENTAL</b>	
	PURPOSE <b>RESEARCH AND DEVELOPMENT</b>	
B	MANU-FACTURER	NAME      N/A ADDRESS      N/A
C	FLIGHT	FROM      N/A TO      N/A
D	N-6542B BUILDER BLACKWATER AIRSHIPS LLC	SERIAL NO.      400-01 MODEL      POLAR 400
E	DATE OF ISSUANCE NOV 9, 2009 OPERATING LIMITATIONS DATED	EXPIRY      MAY 8, 2010 ARE A PART OF THIS CERTIFICATE
	SIGNATURE OF FAA REPRESENTATIVE <i>J. Hankinson</i>	DESIGNATION OR OFFICE NO. DARF501107CE

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.

UNITED STATES OF AMERICA  
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
**SPECIAL AIRWORTHINESS CERTIFICATE**

<b>A</b>	CATEGORY/DESIGNATION	EXPERIMENTAL
	PURPOSE	RESEARCH AND DEVELOPMENT
<b>B</b>	MANUFACTURER	NAME N/A ADDRESS N/A
		<i>DED</i>
<b>C</b>	FLIGHT	FROM N/A TO N/A
		<i>SE</i>
<b>D</b>	N-6542B	SERIAL NO. 400-001
BUILDER	BLACKWATER AIRSHIPS LLC	MODEL POLAR 400
DATE OF ISSUANCE	JULY 10, 2009	EXPIRY NOV 9, 2009
OPERATING LIMITATIONS DATED JUL 10, 2009 ARE A PART OF THIS CERTIFICATE		
<b>E</b>	SIGNATURE OF FAA REPRESENTATIVE	DESIGNATION OR OFFICE NO.
	<i>J. Hankinson</i>	DARF501107CE

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.



U.S. Department  
of Transportation

**Federal Aviation  
Administration**

**SPECIAL  
EXPERIMENTAL  
RESEARCH and DEVELOPMENT  
OPERATING LIMITATIONS**

**MAKE: Blackwater Airships, LLC**

**MODEL: Polar 400**

**SERIAL NUMBER: 400-001**

**REG. NUMBER: N6542B**

**Date Issued: November 9, 2009**

**Expiration Date: May 8, 2010**

- 1) No person may operate this aircraft unless Form 8130-7 is displayed at the cockpit entrance and visible to flight crew members.
- 2) No person may operate this aircraft for other than the purpose of Research and Development, to accomplish the flight operation outlined in the program letter dated October 20, 2009, which describes compliance with §21.193(d), and has been made available to the pilot in command of the aircraft. In addition, this aircraft must be operated in accordance with applicable air traffic and general operating rules of part 91, and all additional limitations herein prescribed under provisions of §91.319(e).
- 3) All flights of this aircraft must be conducted over open water or sparsely populated areas having light air traffic, within the geographic area described as follows: Within 150 nautical mile radius of the former Weeksville, NC Naval Air Station (EKV) 36°13'59.19"N, 76°08'0.01"W.
- 4) This aircraft must not be operated unless it is inspected and maintained in accordance with the manufacturers recommendations. The owner/operator must select, establish, identify, and use an inspection program as set forth in §91.409(e), (f), (g) and (h). This inspection program must be recorded in the aircraft maintenance records.
- 5) The pilot in command of this aircraft must hold an appropriate category/class rating. If required for the type of aircraft to be flown, the pilot in command also must hold either an appropriate type rating or a letter of authorization issued by an FAA Flight Standards Operations Inspector.
- 6) This aircraft is to be operated under VFR, day and/or night.
- 7) No person may operate this aircraft for carrying persons or property for compensation or hire.
- 8) No person may be carried in this aircraft during flight unless that person is essential to the purpose of the flight.
- 9) The pilot in command of this aircraft must advise each passenger of the experimental nature of this aircraft, and explain that it does not meet the certification requirements of a standard certificated aircraft.



- 10) This aircraft must contain the placards, markings, etc. required by §91.9(c).
- 11) This aircraft is prohibited from aerobatic flight, that is, an intentional maneuver involving an abrupt change in the aircraft's attitude, an abnormal attitude, or abnormal acceleration not necessary for normal flight.
- 12) No person may operate this aircraft unless within the preceding 12 calendar months it has had a condition inspection performed in accordance with appendix D of part 43, or other FAA approved program, and was found to be in a condition for safe operation. This inspection will be recorded in the aircraft maintenance records.
- 13) Only FAA certificated mechanics with appropriate ratings as authorized by §43.3 may perform inspections required by these operating limitations.
- 14) Inspections must be recorded in the aircraft maintenance records showing the following, or a similar worded statement: "I certify that this aircraft has been inspected on [insert date] in accordance with the scope and detail of appendix D to part 43, or other FAA approved program, and was found to be in a condition of safe operation." The entry will include the aircraft's total time-in-service, and the name, signature, certificate held by the person performing the inspection.
- 15) This aircraft must display the word "EXPERIMENTAL" in accordance with §45.23(b).
- 16) The pilot in command of this aircraft must notify air traffic control of the experimental nature of this aircraft when operating into or out of airports with operating control towers. The pilot in command must plan routing that will avoid densely populated areas and congested airways when operating VFR.
- 17) Aircraft instruments and equipment installed and used under §91.205 must be inspected and maintained in accordance with the requirements of parts 43 and 91. Any maintenance or inspection of this equipment must be recorded in the aircraft maintenance records.
- 18) Application must be made to the Atlanta MIDO for any revision to these operating limitations.
- 19) Section §47.45 requires that the FAA Aircraft Registry must be notified within 30 days of any change in the aircraft registrant's address. Such notification is to be made by submitting Form 8050-1 to AFS-750 in Oklahoma City, Oklahoma.

November 9, 2009

Date



FAA Representative

John Hankinson

DARF501107CE

Designation

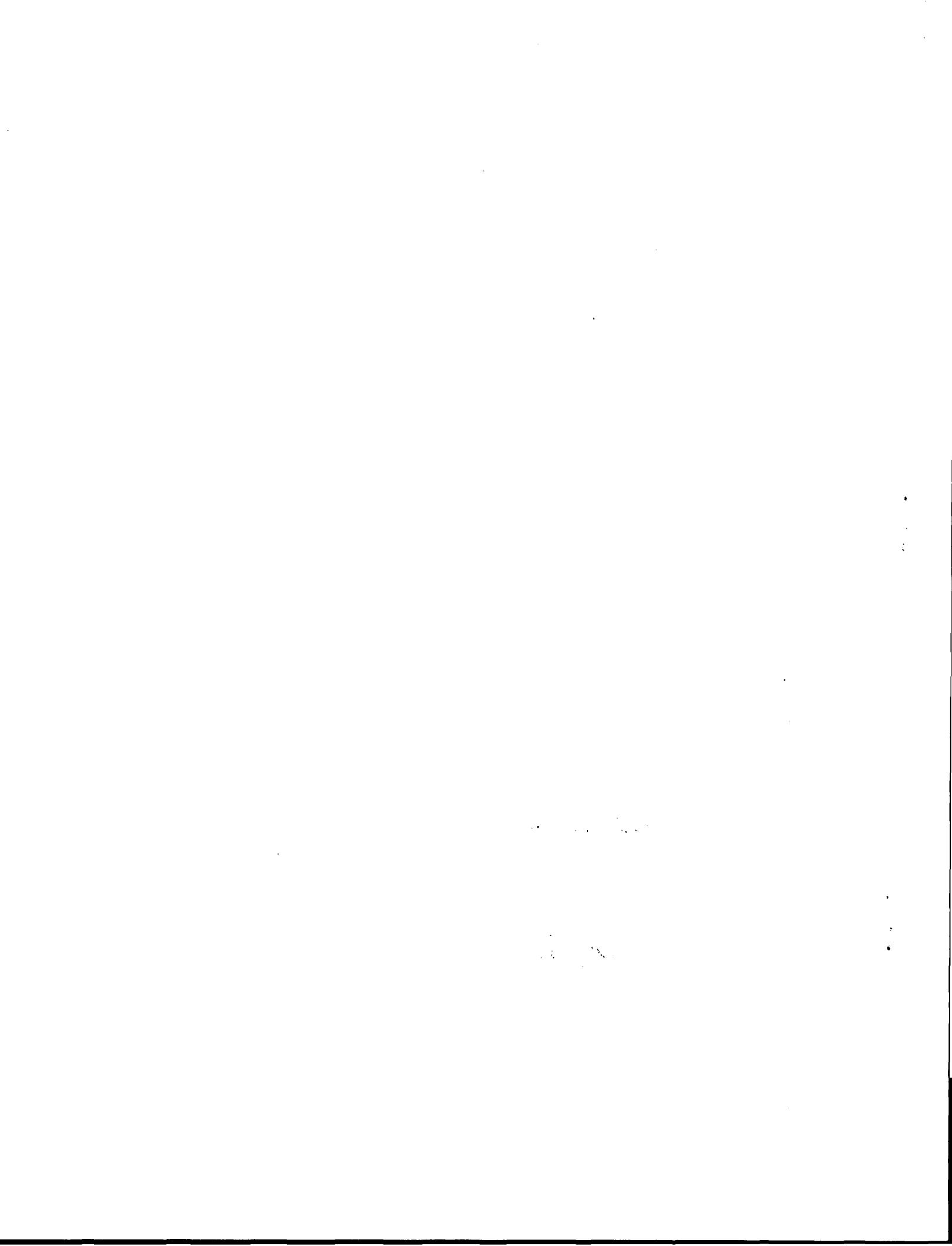
These operating Limitations have been explained, are understood and accepted

November 9, 2009

Date



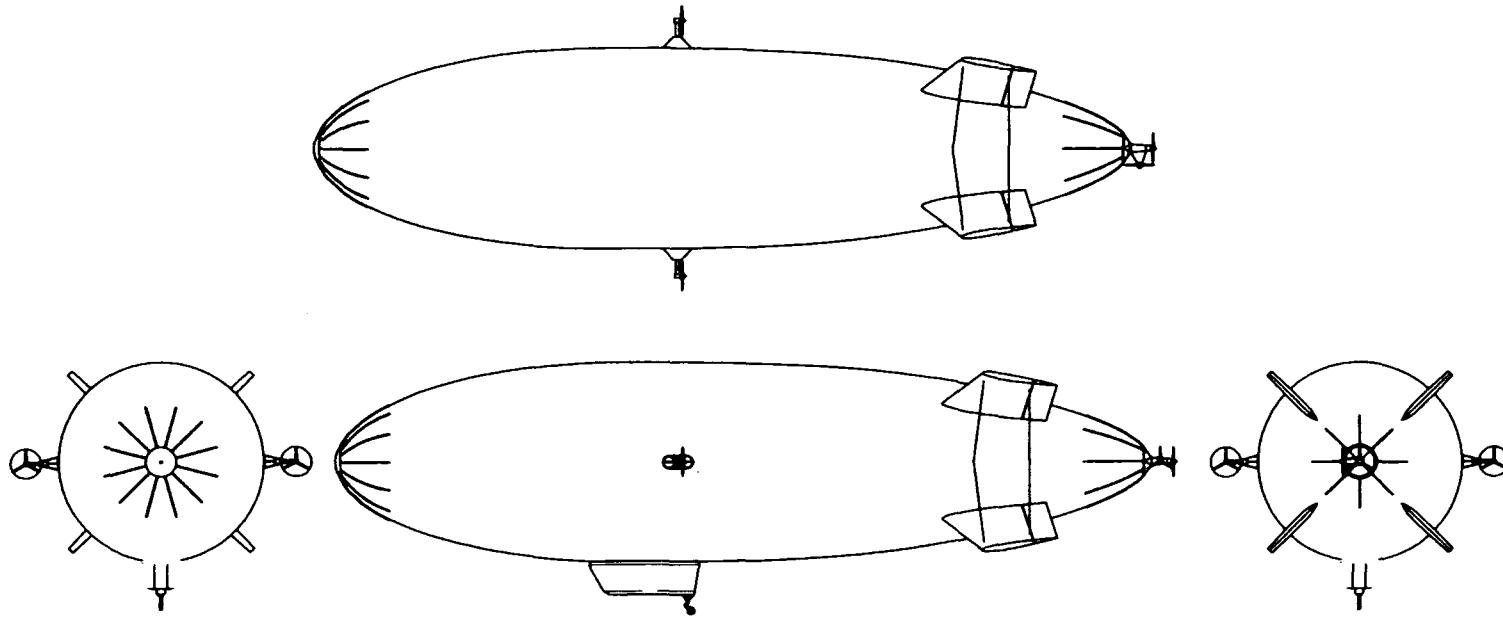
Pilot in Command



FNAME

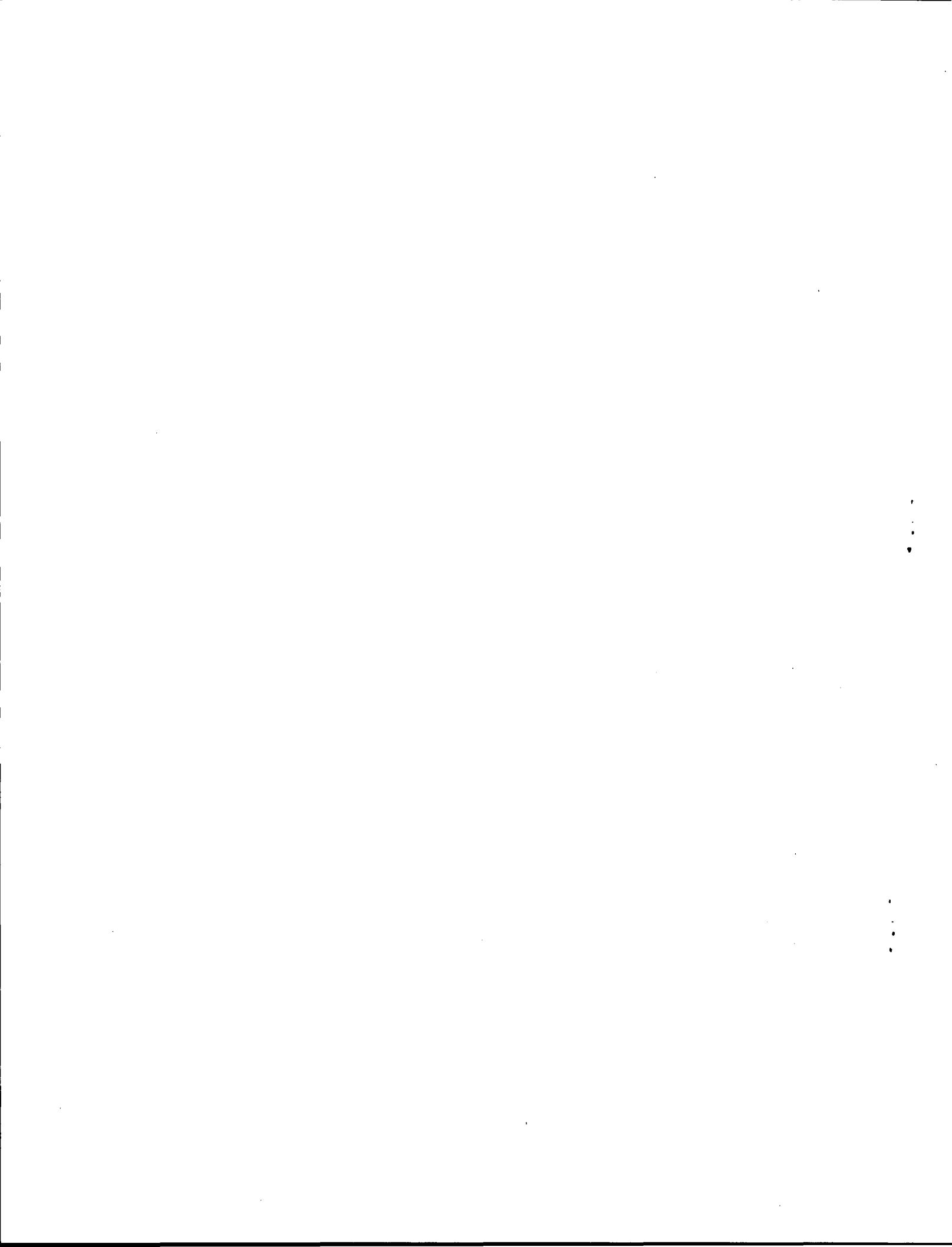
REVDATE

USER

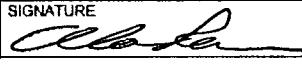


REVISIONS				
ZONE	REV	DESCRIPTION	DATE	APPROVED
	A	INITIAL RELEASE	07-08-07	-

ITEM	CITY	PART NUMBER	DESCRIPTION	REMARKS
CAD DWG.	DO NOT SCALE DRAWING			
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCE ANGLES -0° -30° FRACTION IN 1/64 DECIMALS X ±1 XX ±0.01 XXX ±0.005 XXXX ±0.0005 DIMENSIONS AND TOLERANCES APPLY AFTER PLATING REMOVE ALL BURRS AND SHARP EDGES	 BLACKWATER AIRSHIPS LLC ELIZABETH CITY, NORTH CAROLINA 27909			
MATERIAL NOTED			DESCRIPTION POLAR 400 GA	
DRAWN BY B HANSON	DATE 07-08-07	SIZE D	PART NO. 400-00-008	REV. A
APPROVED NAME	DATE D M Y	SCALE N.T.S.		SMI 1/1

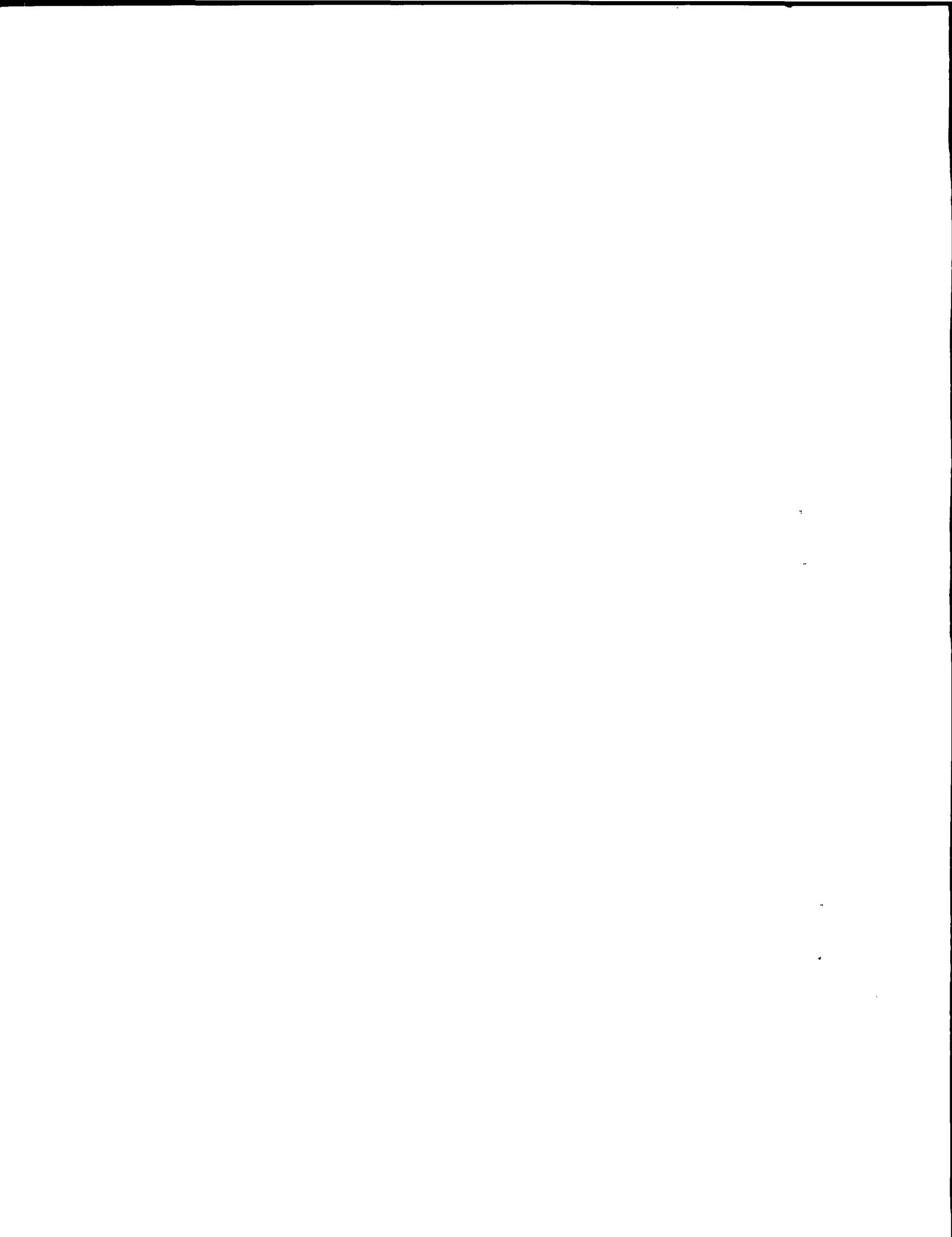


## FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE

 <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>				<b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI and VII as applicable.																																																																																																																																																																																													
I. AIRCRAFT DESIGNATION	1. REGISTRATION MARK N6542B	2. AIRCRAFT BUILDER'S NAME (Make) Blackwater Airships, LLC	3. AIRCRAFT MODEL DESIGNATION Polar 400	4. YR. MFR. 2007	FAA CODING																																																																																																																																																																																												
	5. AIRCRAFT SERIAL NO. 400-001	6. ENGINE BUILDER'S NAME (Make) Thielert Aircraft Engines	7. ENGINE MODEL DESIGNATION Centurian 4.0																																																																																																																																																																																														
II. CERTIFICATION REQUESTED	8. NUMBER OF ENGINES 1 (One)	9. PROPELLER BUILDER'S NAME (Make) MT-Propeller GmbH	10. PROPELLER MODEL DESIGNATION MTV-6-A-CR(H)/CRRD175-05	11. AIRCRAFT IS (Check if applicable)																																																																																																																																																																																													
							IMPORT																																																																																																																																																																																										
APPLICATION IS HEREBY MADE FOR: (Check applicable items)																																																																																																																																																																																																	
A. 1		STANDARD AIRWORTHINESS CERTIFICATE (Indicate Category)			NORMAL	UTILITY	ACROBATIC	TRANSPORT	COMMUTER	BALLOON	OTHER																																																																																																																																																																																						
B. <input checked="" type="checkbox"/>		SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)																																																																																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7.</td> <td colspan="10">PRIMARY</td> </tr> <tr> <td>9.</td> <td colspan="2">LIGHT-SPORT (Indicate Class)</td> <td>AIRPLANE</td> <td>POWER-PARACHUTE</td> <td>WEIGHT-SHIFT-CONTROL</td> <td>GLIDER</td> <td colspan="5">LIGHTER THAN AIR</td> </tr> <tr> <td>2.</td> <td colspan="10">LIMITED</td> </tr> <tr> <td>5.</td> <td colspan="2">PROVISIONAL (Indicate Class)</td> <td>1. CLASS I</td> <td colspan="8"></td> </tr> <tr> <td>3.</td> <td colspan="2">RESTRICTED (Indicate operation(s) to be conducted)</td> <td>2. CLASS II</td> <td colspan="8"></td> </tr> <tr> <td colspan="2" rowspan="3" style="text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)         </td> <td>1.</td> <td colspan="2">AGRICULTURE AND PEST CONTROL</td> <td>2.</td> <td>AERIAL SURVEY</td> <td>3.</td> <td colspan="4">AERIAL ADVERTISING</td> </tr> <tr> <td>4.</td> <td colspan="2">FOREST (Wildlife Conservation)</td> <td>5.</td> <td>PATROLLING</td> <td>6.</td> <td colspan="4">WEATHER CONTROL</td> </tr> <tr> <td>0.</td> <td colspan="2">OTHER (Specify)</td> <td>7.</td> <td colspan="2">RESEARCH AND DEVELOPMENT</td> <td>8.</td> <td>AMATEUR BUILT</td> <td>9.</td> <td colspan="2">EXHIBITION</td> </tr> <tr> <td colspan="2" rowspan="3" style="text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)         </td> <td>4.</td> <td colspan="2">AIR RACING</td> <td>5.</td> <td>CREW TRAINING</td> <td>6.</td> <td colspan="4">MARKET SURVEY</td> </tr> <tr> <td>0.</td> <td colspan="2">TO SHOW COMPLIANCE WITH THE CFR</td> <td>7.</td> <td colspan="2">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> <td>8A.</td> <td colspan="4">Existing Aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> </tr> <tr> <td colspan="2" rowspan="3" style="text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)         </td> <td>8.</td> <td colspan="2">OPERATING LIGHT-SPORT</td> <td>8B.</td> <td colspan="4">Operating Light-Sport Kit-Built</td> <td>8C.</td> <td colspan="2">Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.100</td> </tr> <tr> <td>1.</td> <td colspan="10">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> </tr> <tr> <td>2.</td> <td colspan="10">EVACUATION FROM AREA OF IMPENDING DANGER</td> </tr> <tr> <td>3.</td> <td colspan="10">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> </tr> <tr> <td>4.</td> <td colspan="2">DELIVERING OR EXPORTING</td> <td>5.</td> <td colspan="8">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td>6.</td> <td colspan="10">CUSTOMER DEMONSTRATION FLIGHTS</td> </tr> </table>											7.	PRIMARY										9.	LIGHT-SPORT (Indicate Class)		AIRPLANE	POWER-PARACHUTE	WEIGHT-SHIFT-CONTROL	GLIDER	LIGHTER THAN AIR					2.	LIMITED										5.	PROVISIONAL (Indicate Class)		1. CLASS I									3.	RESTRICTED (Indicate operation(s) to be conducted)		2. CLASS II									<input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)		1.	AGRICULTURE AND PEST CONTROL		2.	AERIAL SURVEY	3.	AERIAL ADVERTISING				4.	FOREST (Wildlife Conservation)		5.	PATROLLING	6.	WEATHER CONTROL				0.	OTHER (Specify)		7.	RESEARCH AND DEVELOPMENT		8.	AMATEUR BUILT	9.	EXHIBITION		<input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)		4.	AIR RACING		5.	CREW TRAINING	6.	MARKET SURVEY				0.	TO SHOW COMPLIANCE WITH THE CFR		7.	OPERATING (Primary Category) KIT BUILT AIRCRAFT		8A.	Existing Aircraft without an airworthiness certificate & do not meet § 103.1				<input checked="" type="checkbox"/> SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		8.	OPERATING LIGHT-SPORT		8B.	Operating Light-Sport Kit-Built				8C.	Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.100		1.	FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE										2.	EVACUATION FROM AREA OF IMPENDING DANGER										3.	OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT										4.	DELIVERING OR EXPORTING		5.	PRODUCTION FLIGHT TESTING								6.	CUSTOMER DEMONSTRATION FLIGHTS									
7.	PRIMARY																																																																																																																																																																																																
9.	LIGHT-SPORT (Indicate Class)		AIRPLANE	POWER-PARACHUTE	WEIGHT-SHIFT-CONTROL	GLIDER	LIGHTER THAN AIR																																																																																																																																																																																										
2.	LIMITED																																																																																																																																																																																																
5.	PROVISIONAL (Indicate Class)		1. CLASS I																																																																																																																																																																																														
3.	RESTRICTED (Indicate operation(s) to be conducted)		2. CLASS II																																																																																																																																																																																														
<input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)		1.	AGRICULTURE AND PEST CONTROL		2.	AERIAL SURVEY	3.	AERIAL ADVERTISING																																																																																																																																																																																									
		4.	FOREST (Wildlife Conservation)		5.	PATROLLING	6.	WEATHER CONTROL																																																																																																																																																																																									
		0.	OTHER (Specify)		7.	RESEARCH AND DEVELOPMENT		8.	AMATEUR BUILT	9.	EXHIBITION																																																																																																																																																																																						
<input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)		4.	AIR RACING		5.	CREW TRAINING	6.	MARKET SURVEY																																																																																																																																																																																									
		0.	TO SHOW COMPLIANCE WITH THE CFR		7.	OPERATING (Primary Category) KIT BUILT AIRCRAFT		8A.	Existing Aircraft without an airworthiness certificate & do not meet § 103.1																																																																																																																																																																																								
		<input checked="" type="checkbox"/> SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		8.	OPERATING LIGHT-SPORT		8B.	Operating Light-Sport Kit-Built				8C.	Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.100																																																																																																																																																																																				
1.	FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE																																																																																																																																																																																																
2.	EVACUATION FROM AREA OF IMPENDING DANGER																																																																																																																																																																																																
3.	OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT																																																																																																																																																																																																
4.	DELIVERING OR EXPORTING		5.	PRODUCTION FLIGHT TESTING																																																																																																																																																																																													
6.	CUSTOMER DEMONSTRATION FLIGHTS																																																																																																																																																																																																
C. 6	MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)																																																																																																																																																																																																
III. OWNER'S CERTIFICATION	A. REGISTERED OWNER (As shown on certificate of aircraft registration)				IF DEALER, CHECK HERE <input type="checkbox"/>																																																																																																																																																																																												
	NAME Blackwater Airships, LLC				ADDRESS PO Box 1029, Moyock NC 27958-1029																																																																																																																																																																																												
	B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)																																																																																																																																																																																																
	AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) N/A				AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) N/A																																																																																																																																																																																												
	AIRCRAFT LISTING (Give page number(s)) N/A				SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) N/A																																																																																																																																																																																												
	C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS																																																																																																																																																																																																
	D. CERTIFICATION		I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.																																																																																																																																																																																														
DATE OF APPLICATION June 29, 2009		NAME AND TITLE (Print or type) Alan Ram (Vice President)			SIGNATURE 																																																																																																																																																																																												
IV. INSPECTION AGENCY VERIFICATION	A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)																																																																																																																																																																																																
	14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) 2.		3.	CERTIFICATED MECHANIC (Give Certificate No.) 5.		6.	CERTIFICATED REPAIR STATION (Give Certificate No.)																																																																																																																																																																																										
	AIRCRAFT MANUFACTURER (Give name or firm)																																																																																																																																																																																																
DATE July 10, 2009		TITLE <i>J. Hembrow</i>			SIGNATURE																																																																																																																																																																																												
V. FAA REPRESENTATIVE CERTIFICATION	(Check ALL applicable block items A and B)																																																																																																																																																																																																
	A. I find that the aircraft described in Section I or VII meets requirements for				4.	THE CERTIFICATE REQUESTED																																																																																																																																																																																											
	B. Inspection for a special permit under Section VII was conducted by:				5.	FAA INSPECTOR CERTIFICATE HOLDER UNDER	6.	AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE 14 CFR part 65 14 CFR part 121 OR 135 14 CFR part 145																																																																																																																																																																																									
DATE July 10, 2009		DISTRICT OFFICE Atlanta MIDO	4.	DESIGNEE'S SIGNATURE AND NO. <i>J. Hembrow DARFS01107CE</i>		5.	FAA INSPECTOR'S SIGNATURE																																																																																																																																																																																										



VI. PRODUCTION FLIGHT TESTING	A. MANUFACTURER					
	NAME		ADDRESS			
	B. PRODUCTION BASIS (Check applicable item)					
		PRODUCTION CERTIFICATE (Give production certificate number) →				
		TYPE CERTIFICATE ONLY				
		APPROVED PRODUCTION INSPECTION SYSTEM				
	C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS					
	DATE OF APPLICATION		NAME AND TITLE (Print or Type)		SIGNATURE	
	A. DESCRIPTION OF AIRCRAFT					
	REGISTERED OWNER			ADDRESS		
BUILDER (Make)			MODEL			
SERIAL NUMBER			REGISTRATION MARK			
B. DESCRIPTION OF FLIGHT		CUSTOMER DEMONSTRATION FLIGHTS <input type="checkbox"/> (Check if applicable)				
FROM			TO			
VIA			DEPARTURE DATE	DURATION		
C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT						
-	PILOT	CO-PILOT	FLIGHT ENGINEER	OTHER (Specify)		
D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:						
E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary)						
F. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described.						
DATE		NAME AND TITLE (Print or Type)			SIGNATURE	
VII. AIRWORTHINESS DOCUMENTATION (If applicable, use	A. Operating Limitations and Markings in Compliance with 14 CFR Section 91.9, as applicable.			G. Statement of Conformity, FAA Form 8130-9 (Attach when required)		
	B. Current Operating Limitations Attached			H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)		
	C. Data, Drawings, Photographs, etc. (Attach when required)			I. Previous Airworthiness Certificate Issued in Accordance with		
	D. Current Weight and Balance information Available in Aircraft			14 CFR Section 21.191 (a) CAR _____ (Original Attached)		
	E. Major Repair and Alteration, FAA Form 337 (Attach when required)			J. Current Airworthiness Certificate Issued in Accordance with		
	F. This inspection Recorded in Aircraft Records			14 CFR Section 21.191 (a) _____ (Copy Attached)		
				K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)		



UNITED STATES OF AMERICA  
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
**SPECIAL AIRWORTHINESS CERTIFICATE**

A	CATEGORY/DESIGNATION <b>EXPERIMENTAL</b>	
	PURPOSE <b>RESEARCH AND DEVELOPMENT</b>	
B	MANU-FACTURER	NAME      N/A ADDRESS      N/A
C	FLIGHT	FROM      N/A TO      N/A
D	N-6542B BUILDER <b>BLACKWATER ATRSHTPS LLC</b>	SERIAL NO.      400-001 MODEL <b>POLAR 400</b>
E	DATE OF ISSUANCE <b>JULY 10, 2009</b> OPERATING LIMITATIONS DATED <b>JUL 10, 2009</b> SIGNATURE OF FAA REPRESENTATIVE 	EXPIRY <b>NOV 9, 2009</b> ARE A PART OF THIS CERTIFICATE DESIGNATION OR OFFICE NO. <b>DARF501107CE</b>

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.

## UNITED STATES OF AMERICA

## DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

**SPECIAL AIRWORTHINESS CERTIFICATE**

A	CATEGORY/DESIGNATION      EXPERIMENTAL	
	PURPOSE      RESEARCH AND DEVELOPMENT	
B	MANUFACTURER	NAME      N/A ADDRESS      N/A
C	FLIGHT	FROM      N/A TO      N/A
D	N- 6542B	SERIAL NO. 400-001
	BUILDER BLACKWATER AIRSHIPS LLC	MODEL POLAR 400
E	DATE OF ISSUANCE	SEPT 5, 2008
	OPERATING LIMITATIONS DATED	SEPT 5, 2008 ARE A PART OF THIS CERTIFICATE
E	SIGNATURE OF FAA REPRESENTATIVE	DESIGNATION OR OFFICE NO.
	J. HANKINSON <i>J. Hankinson</i>	DARF501107CE

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

**SPECIAL  
EXPERIMENTAL  
RESEARCH and DEVELOPMENT  
OPERATING LIMITATIONS**

**MAKE: Blackwater Airships, LLC**

**MODEL: Polar 400**

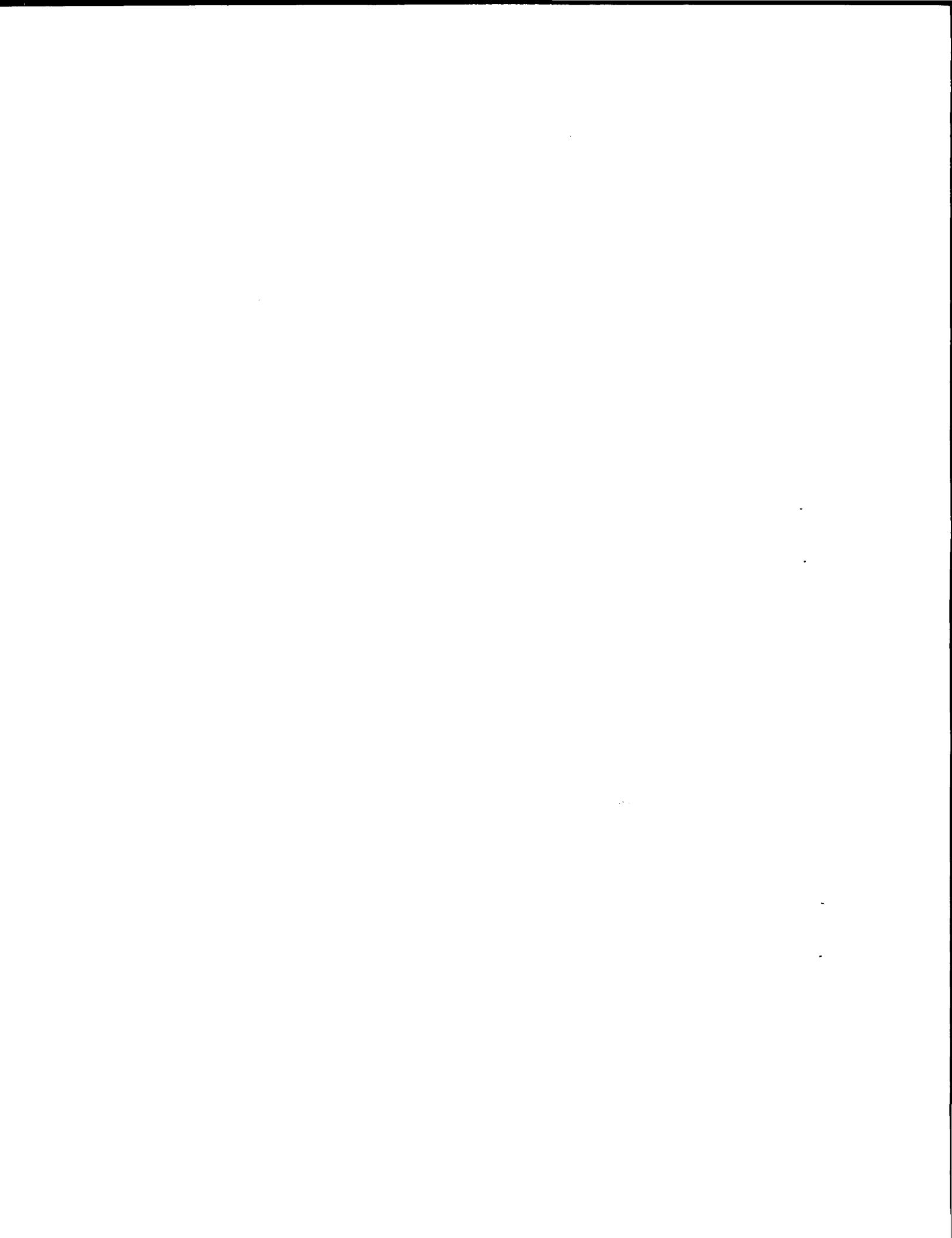
**SERIAL NUMBER: 400-001**

**REG. NUMBER: N6542B**

**Date Issued:** July 10, 2009

**Expiration Date:** November 9, 2009

- 1) No person may operate this aircraft unless Form 8130-7 is displayed at the cockpit entrance and visible to flight crew members
- 2) No person may operate this aircraft for other than the purpose of Research and Development, to accomplish the flight operation outlined in the program letter dated June 29, 2009, which describes compliance with §21.193(d), and has been made available to the pilot in command of the aircraft. In addition, this aircraft must be operated in accordance with applicable air traffic and general operating rules of part 91, and all additional limitations herein prescribed under provisions of §91.319(e).
- 3) All flights of this aircraft may only be conducted over open water or sparsely populated areas having light air traffic, within the geographical areas described as follows: Within 150 NM radius of the former Weeksville, NC Naval Air Station (EKV) (N 36°13'59.19", W 76°08'0.01") and 15 NM radius of Lakehurst NJ Naval Air Engineering Station (former Naval Air Station (NEL) (N 40° 01' 57", W 74° 20' 29"). The aircraft shall be able to transit between these two geographical areas utilizing the most direct route, but shall have the necessary operational flexibility to circumnavigate weather, populated areas, hazards, etc.
- 4) This aircraft must not be operated unless it is inspected and maintained in accordance with the manufacturers recommendations. The owner/operator must select, establish, identify, and use an inspection program. This inspection program must be recorded in the aircraft maintenance records.
- 5) The pilot in command of this aircraft must hold an appropriate category/class rating. If required for the type of aircraft to be flown, the pilot in command also must hold either an appropriate type rating or a letter of authorization issued by an FAA Flight Standards Operations Inspector.
- 6) This aircraft is to be operated under VFR, day and/or night.
- 7) No person may operate this aircraft for carrying persons or property for compensation or hire.
- 8) No person may be carried in this aircraft during flight unless that person is essential to the purpose of the flight.
- 9) The pilot in command of this aircraft must advise each passenger of the experimental nature of this aircraft, and explain that it does not meet the certification requirements of a standard certificated aircraft.
- 10) This aircraft must contain the placards, markings, etc. required by §91.9(c).



- 11) This aircraft is prohibited from aerobatic flight, that is, an intentional maneuver involving an abrupt change in the aircraft's attitude, an abnormal attitude, or abnormal acceleration not necessary for normal flight.
- 12) No person may operate this aircraft unless within the preceding 12 calendar months it has had a condition inspection performed in accordance with appendix D of part 43, or other FAA approved program, and was found to be in a condition for safe operation. This inspection will be recorded in the aircraft maintenance records.
- 13) Only FAA certificated mechanics with appropriate ratings as authorized by §43.3 may perform inspections required by these operating limitations.
- 14) Inspections must be recorded in the aircraft maintenance records showing the following, or a similar worded statement: "I certify that this aircraft has been inspected on [insert date] in accordance with the scope and detail of appendix D to part 43, or other FAA approved program, and was found to be in a condition of safe operation." The entry will include the aircraft's total time-in-service, and the name, signature, certificate held by the person performing the inspection.
- 15) This aircraft must display the word "EXPERIMENTAL" in accordance with §45.23(b).
- 16) The pilot in command of this aircraft must notify air traffic control of the experimental nature of this aircraft when operating into or out of airports with operating control towers. The pilot in command must plan routing that will avoid densely populated areas and congested airways when operating VFR.
- 17) Aircraft instruments and equipment installed and used under §91.205 must be inspected and maintained in accordance with the requirements of parts 43 and 91. Any maintenance or inspection of this equipment must be recorded in the aircraft maintenance records.
- 18) Application must be made to the Atlanta MIDO for any revision to these operating limitations.
- 19) Section §47.45 requires that the FAA Aircraft Registry must be notified within 30 days of any change in the aircraft registrant's address. Such notification is to be made by submitting Form 8050-1 to AFS-750 in Oklahoma City, Oklahoma.

July 10, 2009  
Date

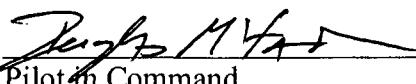
  
John Hankinson  
FAA Representative

John Hankinson  
Designation

DARF501107CE  
Designation

These operating Limitations have been explained, are understood and accepted

July 10, 2009  
Date

  
Pilot in Command

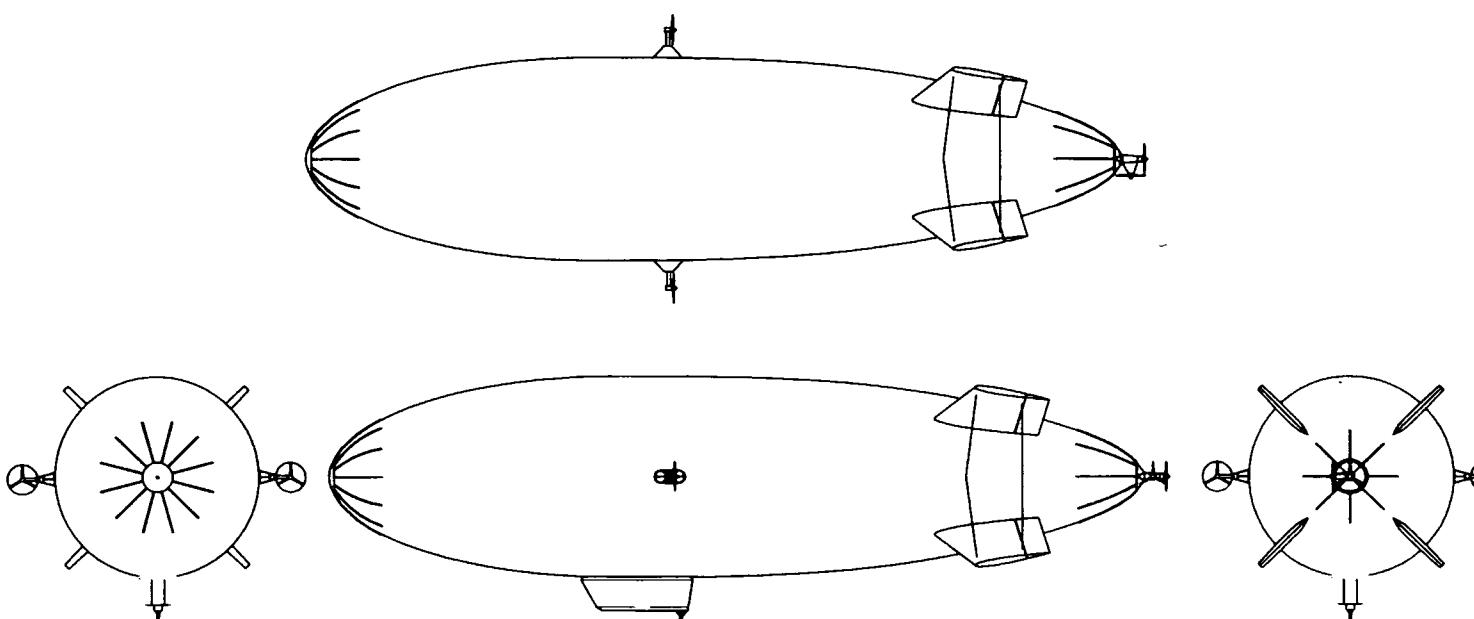
July 10, 2009  
Date

  
Pilot in Command



USER →  
REVDATE →  
FNAME →

REVISIONS				
ZONE	REV	DESCRIPTION	DATE	APPROVED
	A	INITIAL RELEASE	07-08-07	-



CAD DWG. DO NOT SCALE DRAWING

UNLESS OTHERWISE SPECIFIED  
ALL DIMENSIONS ARE IN INCHES  
TOLERANCE ANGLES ± 30°  
FRACTION 1/16 IN.  
DECIMALS  
X .1  
XX .12  
XXX .125  
XXXX .0005  
DIMENSIONS AND TOLERANCES APPLY AFTER PLATING  
REMOVE ALL BURRS AND SHARP EDGES

BLACKWATER AIRSHIPS LLC  
ELIZABETH CITY, NORTH CAROLINA 27909

MATERIAL NOTED

DRAWN BY R HANSON DATE 07-08-07 SIZE PART NO D 400-00-008 REV A

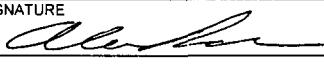
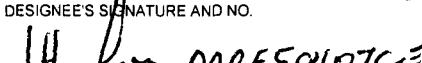
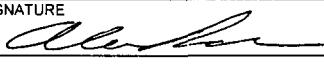
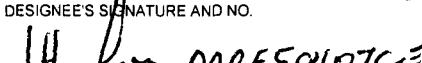
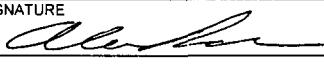
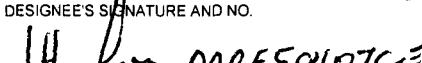
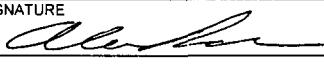
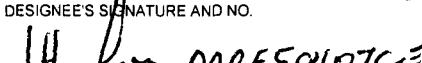
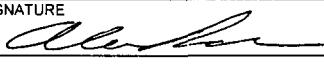
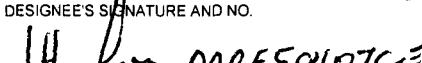
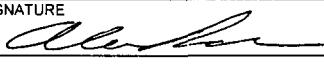
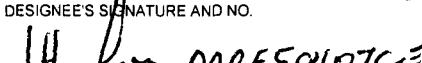
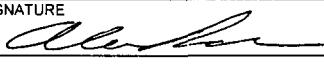
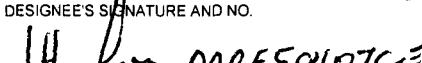
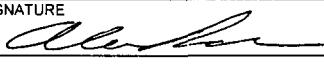
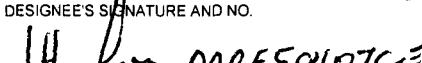
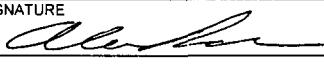
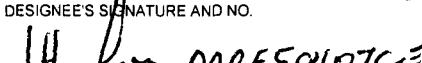
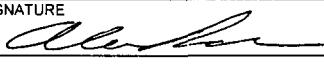
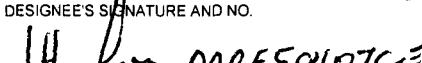
APPROVED NAME DATE D M Y SCALE N.T.S. SMT 1/1

DESCRIPTION POLAR 400 GA



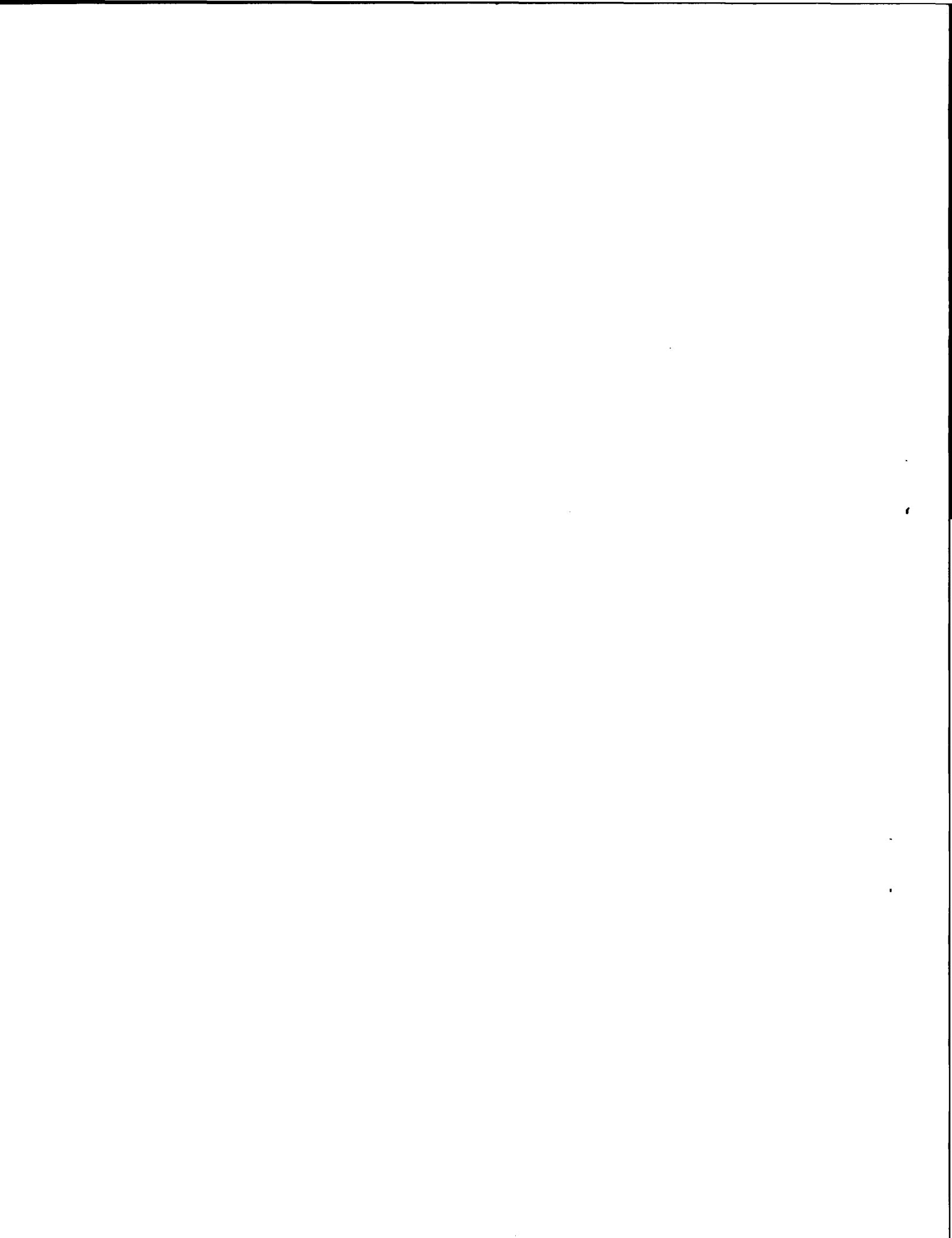
## FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE

Form Approved O.M.B. No. 2120-0018  
09/30/2007

|  |   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|--
--|---|---
--|--|--|--|--|----------------|--|---|---|----------------------------|---|---|----------|---------------|--------|---------|-----------|-----------|----------|---------|----------|-------------------------------------|----------|---|--------------------|----------------------|--------|------------------|--------------------------------|--|--|--|----------
--|--|--|--|----------|------------|--|----------|-----------------|--|--|----------|------------------------------|---------|----------|---------|--|--|--|--|--|--|----------|--|----------|------------------------------|--|----------|-----------------|----------------------|--------|------------------|--|--|--|----------|---------------|---------|----------|------------|----------
--|--|--|----------|------------|--|--|----------|------------------------------|--|----------|------------------------------|--|----------|---------------|--|----------|---------------|--|--|----------|---------------|----------|---------------------------------|--------------------|--|--|----------|--------------------------------|--|--|--|----------|---|--|--|----------
--|------------|--|----------|-----------------|-----------------------|--|----------|-----------------|--|----------|------------------------------|--|--|--|-----------|--|--|----------|--|----------|---------------|--|----------|--------------------|--|--|----------|--------------------------------|--|--|-----------|---------------------------------|--|----------|------------|----------|----------|------------|--|----------|-----------------|--|--|----------|-----------------|--|-----------|---|--|----------|---------------|----------|--|---------------|----------|--|--|----------|--|---------------------------------|--|--|--|--|----------|--|--|----------|---------------|---|----------|------------|--|--|----------|--|----------|------------|---|--|--|--|--|--|--|--|----------|---------------|-----------|--|---------------|-------------------------|--|----------|--|----------|---------------------------------|--|--|--|--|---------------------------|--|--|-----------|---------------------------------|---|----------|--------------------------------|----------|--|----------
--|--|----------|-----------------------|--|--|---|--|-----------|---|--|--|--|-----------|--|--|--|--|------------------------------------|---|--|--|--|--|--|--|----------|--|--|-----------|--|--|---|--|----------|--|--|--|--|----------|---|--|--|--|--|-----------|---|--|--|--|----------|--|----------|-------------------------|--|----------|---|--|--|--|--|--|--|---------------------------|--|--|--|------------|--|--|--------------------------------|--|--|--|--|--|----------|---|--|--|---|--|--|--|--|--|--|--|--|----------|-------------------------|--|------------------------------------|---|---|--|-------------------------------------|--|--|---|---------------------------|--|--|--|--|--|---|--------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|---|--|--|--|--|--|--|--|--|------------------------------------|---|--|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|---|--|---|--|--|---|--|---|--|---|--|---|--|--|--|--|--|---|---|--|-------------------------------------|------|--|-------|--|--|-----------|--|------------|--|--|--|--|---|--|--|--|--|--|---------------------------|--|------------|--|--|---|--|--|--|--|--|--|--|--|--|--|---|-----------------------------------|--|--|--|---|--|--|---------------|--|--|--------------|-------------|--|--|---|--|---|--|---|--------------------------|---|--|----------------|---|------------------------|---|-----------------|--|------|---|--|--|--------------------------------|--|---------------------------|--|--|-----------------------------------|--|------|--|-----------------|--|---------------------|-----------|--|--|----------|--|--|--|---|--|---|--|---|--|---|--|--|---|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|---------------|--|--|--------------|--|--|--|---|--|--|--|--|--|---------------------------|--|--|----------------|--|------------------------|--|--|--|------|--|-----------------|--|--------------------------------|--|---------------------------|--|--|--|--|--|--|-----------------|--|---------------------|--|--|--------------|----------|--|--|--|--|--|--|--|--------------------------|--|--|----------------|--|------------------------|--|-----------------|--|------|--|-----------------|--|--------------------------------|--|---------------------------|--|--|--|--|--|--|-----------------|--|---------------------|--|--|--|----------|--|--|--|--|--|
| <br>U.S. Department of Transportation<br>Federal Aviation Administration  |  
   | <b>APPLICATION FOR<br/>U.S. AIRWORTHINESS<br/>CERTIFICATE</b>                                   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI and VII as applicable. |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |   
  |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |  
   |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |  
   |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |  
   |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   | 1. REGISTRATION MARK<br><b>N6542B</b>  |  |  | 2. AIRCRAFT BUILDER'S NAME (Make)<br><b>Blackwater Airships, LLC</b>           |                |  | 3. AIRCRAFT MODEL DESIGNATION<br><b>Polar 400</b> |   | 4. YR. MFR.<br><b>2007</b> |   | FAA CODING  |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>I. AIRCRAFT<br/>DESIGNATION</b>   | 5. AIRCRAFT SERIAL NO.<br><b>400-001</b>  
  |   |   | 6. ENGINE BUILDER'S NAME (Make)<br><b>Thielert Aircraft Engines</b>  
   |  |  | 7. ENGINE MODEL DESIGNATION<br><b>Centurion 4.0</b>                |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | 8. NUMBER OF ENGINES<br><b>1 (One)</b>  
  |   |   | 9. PROPELLER BUILDER'S NAME (Make)<br><b>MT-Propeller GmbH</b>   
   |  |  | 10. PROPELLER MODEL DESIGNATION<br><b>MTV-6-A-CR(H)/CRRD175-05</b> |  |                | 11. AIRCRAFT IS (Check if applicable)<br><b>IMPORT</b> |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | APPLICATION IS HEREBY MADE FOR: (Check applicable items) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><b>A</b></td> <td colspan="3">STANDARD AIRWORTHINESS CERTIFICATE (Indicate Category)</td> <td style="width: 10%;">NORMAL</td> <td style="width: 10%;">UTILITY</td> <td style="width: 10%;">ACROBATIC</td> <td style="width: 10%;">TRANSPORT</td> <td style="width: 10%;">COMMUTER</td> <td style="width: 10%;">BALLOON</td> <td style="width: 10%;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><b>B</b></td> <td colspan="3"><input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)</td> <td colspan="7"></td> </tr> <tr> <td colspan="12"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>7</b></td> <td colspan="11">PRIMARY</td> </tr> <tr> <td><b>9</b></td> <td colspan="2">LIGHT-SPORT (Indicate Class)</td> <td>AIRPLANE</td> <td>POWER-PARACHUTE</td> <td>WEIGHT-SHIFT-CONTROL</td> <td>GLIDER</td> <td colspan="5">LIGHTER THAN AIR</td> </tr> <tr> <td><b>2</b></td> <td colspan="11">LIMITED</td> </tr> <tr> <td rowspan="3"><b>5</b></td> <td colspan="2">PROVISIONAL (Indicate Class)</td> <td><b>1</b></td> <td colspan="10">CLASS I</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">CLASS II</td> </tr> <tr> <td
colspan="2"></td> <td><b>3</b></td> <td colspan="10">           RESTRICTED (Indicate operation(s) to be conducted)           <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1</b></td> <td colspan="9">AGRICULTURE AND PEST CONTROL</td> <td><b>2</b></td> <td colspan="2">AERIAL SURVEY</td> <td><b>3</b></td> <td colspan="3">AERIAL ADVERTISING</td> </tr> <tr> <td><b>4</b></td> <td colspan="9">FOREST (Wildlife Conservation)</td> <td><b>5</b></td> <td colspan="2">PATROLLING</td> <td><b>6</b></td> <td colspan="3">WEATHER CONTROL</td> </tr> <tr> <td><b>0</b></td> <td colspan="10">OTHER (Specify)</td> </tr> <tr> <td rowspan="3"><b>4</b></td> <td colspan="2">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td><b>1</b></td> <td colspan="9"><input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT</td> <td><b>2</b></td> <td colspan="2">AMATEUR BUILT</td> <td><b>3</b></td> <td colspan="3">EXHIBITION</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="9">AIR RACING</td> <td><b>5</b></td> <td colspan="2">CREW TRAINING</td> <td><b>6</b></td> <td colspan="3">MARKET SURVEY</td> </tr> <tr> <td colspan="2"></td> <td><b>0</b></td> <td colspan="9">TO SHOW COMPLIANCE WITH THE CFR</td> <td><b>7</b></td> <td colspan="5">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> </tr> <tr> <td rowspan="6"><b>8</b></td> <td colspan="2">SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)</td> <td><b>1</b></td> <td colspan="10">OPERATING LIGHT-SPORT</td> <td><b>8A</b></td> <td colspan="2">Existing Aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8B</b></td> <td colspan="2">Operating Light-Sport Kit-Built</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8C</b></td> <td colspan="2">Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190</td> </tr> <tr> <td colspan="2"></td> <td><b>1</b></td> <td colspan="10">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">EVACUATION FROM AREA OF IMPENDING DANGER</td> </tr> <tr> <td colspan="2"></td> <td><b>3</b></td> <td colspan="10">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="2">DELIVERING OR EXPORTING</td> <td colspan="8"><b>5</b></td> <td colspan="4">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td colspan="2"></td> <td><b>6</b></td> <td colspan="10">CUSTOMER DEMONSTRATION FLIGHTS</td> </tr> <tr> <td colspan="12"> <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)         </td> </tr> <tr> <td rowspan="8"> <b>II. CERTIFICATION REQUESTED</b> </td> <td colspan="11"> <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)         </td> <td colspan="2">           IF DEALER, CHECK HERE <input type="checkbox"/> </td> </tr> <tr> <td colspan="5">           NAME<br/> <b>Blackwater Airships, LLC</b> </td> <td colspan="6">           ADDRESS<br/>           PO Box 1029, Moyock NC 27958-1029         </td> </tr> <tr> <td colspan="11"> <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="5">           AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br/> <b>N/A</b> </td> <td colspan="6">           AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="5">           AIRCRAFT LISTING (Give page number(s))<br/> <b>N/A</b> </td> <td colspan="6">           SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="12"> <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> </td> </tr> <tr> <td colspan="2">           CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417         </td> <td colspan="3">           TOTAL AIRFRAME HOURS<br/> <b>55.5</b> </td> <td colspan="2">           3         </td> <td colspan="5">           EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)         </td> <td colspan="2"> <b>55.5</b> </td> </tr> <tr> <td colspan="12"> <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.         </td> </tr> <tr> <td colspan="2">           DATE OF APPLICATION<br/> <b>August 28, 2008</b> </td> <td colspan="3">           NAME AND TITLE (Print or type)<br/> <b>Alan Ram (Vice President)</b> </td> <td colspan="7">           SIGNATURE<br/>  </td> </tr> <tr> <td rowspan="3"> <b>III. OWNER'S CERTIFICATION</b> </td> <td colspan="11"> <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="2">           2         </td> <td colspan="2">           14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)         </td> <td colspan="2">           3         </td> <td colspan="3">           CERTIFIED MECHANIC (Give Certificate No.)         </td> <td colspan="2">           6         </td> <td colspan="2">           CERTIFIED REPAIR STATION (Give Certificate No.)         </td> </tr> <tr> <td colspan="2">           5         </td> <td colspan="10">           AIRCRAFT MANUFACTURER (Give name or firm)         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="3">           TITLE         </td> <td colspan="7">           SIGNATURE         </td> </tr> <tr> <td rowspan="4"> <b>IV. INSPECTION AGENCY VERIFICATION</b> </td> <td colspan="5">           (Check ALL applicable block items A and B)         </td> <td colspan="7">           THE CERTIFICATE REQUESTED         </td> </tr> <tr> <td colspan="5">           A. I find that the aircraft described in Section I or VII meets requirements for         </td> <td colspan="7">           4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE         </td> </tr> <tr> <td colspan="5">           B. Inspection for a special permit under Section VII was conducted by:         </td> <td colspan="3">           FAA INSPECTOR         </td> <td colspan="4">           FAA DESIGNEE         </td> </tr> <tr> <td colspan="5"></td> <td colspan="3">           CERTIFICATE HOLDER UNDER         </td> <td colspan="2">           14 CFR part 65         </td> <td colspan="2">           14 CFR part 121 OR 135         </td> <td colspan="2">           14 CFR part 145         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="2">           DISTRICT OFFICE         </td> <td colspan="2">           4 DESIGNEE'S SIGNATURE AND NO.         </td> <td colspan="7">           FAA INSPECTOR'S SIGNATURE         </td> </tr> <tr> <td colspan="2"> <b>9/5/2008</b> </td> <td colspan="2"> <b>Atlanta Mido</b> </td> <td colspan="2">  </td> <td colspan="7"> <b>1</b> </td> </tr> </table> </td></tr></table></td></tr></table> |   |   |   
  |  |  |  |  |                |  |   |   | <input type="checkbox"/>   | <b>A</b>  | STANDARD AIRWORTHINESS CERTIFICATE (Indicate Category)  |          |               | NORMAL | UTILITY | ACROBATIC | TRANSPORT | COMMUTER | BALLOON | OTHER    | <input checked="" type="checkbox"/> | <b>B</b> | <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items) |                    |                      |        |                  |                                |  |  |  |          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>7</b></td> <td colspan="11">PRIMARY</td> </tr> <tr> <td><b>9</b></td> <td colspan="2">LIGHT-SPORT (Indicate Class)</td> <td>AIRPLANE</td> <td>POWER-PARACHUTE</td> <td>WEIGHT-SHIFT-CONTROL</td> <td>GLIDER</td> <td colspan="5">LIGHTER THAN AIR</td> </tr> <tr> <td><b>2</b></td> <td colspan="11">LIMITED</td> </tr> <tr> <td rowspan="3"><b>5</b></td> <td colspan="2">PROVISIONAL (Indicate Class)</td> <td><b>1</b></td> <td colspan="10">CLASS I</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">CLASS II</td> </tr> <tr> <td colspan="2"></td> <td><b>3</b></td> <td colspan="10">           RESTRICTED (Indicate operation(s) to be conducted)           <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1</b></td> <td colspan="9">AGRICULTURE AND PEST CONTROL</td> <td><b>2</b></td> <td colspan="2">AERIAL SURVEY</td> <td><b>3</b></td> <td colspan="3">AERIAL ADVERTISING</td> </tr> <tr> <td><b>4</b></td> <td colspan="9">FOREST (Wildlife Conservation)</td> <td><b>5</b></td> <td colspan="2">PATROLLING</td> <td><b>6</b></td> <td colspan="3">WEATHER CONTROL</td> </tr> <tr> <td><b>0</b></td> <td colspan="10">OTHER (Specify)</td> </tr> <tr> <td rowspan="3"><b>4</b></td> <td colspan="2">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td><b>1</b></td> <td colspan="9"><input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT</td> <td><b>2</b></td> <td colspan="2">AMATEUR BUILT</td> <td><b>3</b></td> <td colspan="3">EXHIBITION</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="9">AIR RACING</td> <td><b>5</b></td> <td colspan="2">CREW TRAINING</td> <td><b>6</b></td> <td colspan="3">MARKET SURVEY</td> </tr> <tr> <td colspan="2"></td> <td><b>0</b></td> <td colspan="9">TO SHOW COMPLIANCE WITH THE CFR</td> <td><b>7</b></td> <td colspan="5">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> </tr> <tr> <td rowspan="6"><b>8</b></td> <td colspan="2">SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)</td> <td><b>1</b></td> <td colspan="10">OPERATING LIGHT-SPORT</td> <td><b>8A</b></td> <td colspan="2">Existing Aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8B</b></td> <td colspan="2">Operating Light-Sport Kit-Built</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td
colspan="10"></td> <td><b>8C</b></td> <td colspan="2">Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190</td> </tr> <tr> <td colspan="2"></td> <td><b>1</b></td> <td colspan="10">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">EVACUATION FROM AREA OF IMPENDING DANGER</td> </tr> <tr> <td colspan="2"></td> <td><b>3</b></td> <td colspan="10">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="2">DELIVERING OR EXPORTING</td> <td colspan="8"><b>5</b></td> <td colspan="4">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td colspan="2"></td> <td><b>6</b></td> <td colspan="10">CUSTOMER DEMONSTRATION FLIGHTS</td> </tr> <tr> <td colspan="12"> <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)         </td> </tr> <tr> <td rowspan="8"> <b>II. CERTIFICATION REQUESTED</b> </td> <td colspan="11"> <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)         </td> <td colspan="2">           IF DEALER, CHECK HERE <input type="checkbox"/> </td> </tr> <tr> <td colspan="5">           NAME<br/> <b>Blackwater Airships, LLC</b> </td> <td colspan="6">           ADDRESS<br/>           PO Box 1029, Moyock NC 27958-1029         </td> </tr> <tr> <td colspan="11"> <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="5">           AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br/> <b>N/A</b> </td> <td colspan="6">           AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="5">           AIRCRAFT LISTING (Give page number(s))<br/> <b>N/A</b> </td> <td colspan="6">           SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="12"> <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> </td> </tr> <tr> <td colspan="2">           CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417         </td> <td colspan="3">           TOTAL AIRFRAME HOURS<br/> <b>55.5</b> </td> <td colspan="2">           3         </td> <td colspan="5">           EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)         </td> <td colspan="2"> <b>55.5</b> </td> </tr> <tr> <td colspan="12"> <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.         </td> </tr> <tr> <td colspan="2">           DATE OF APPLICATION<br/> <b>August 28, 2008</b> </td> <td colspan="3">           NAME AND TITLE (Print or type)<br/> <b>Alan Ram (Vice President)</b> </td> <td colspan="7">           SIGNATURE<br/>  </td> </tr> <tr> <td rowspan="3"> <b>III. OWNER'S CERTIFICATION</b> </td> <td colspan="11"> <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="2">           2         </td> <td colspan="2">           14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)         </td> <td colspan="2">           3         </td> <td colspan="3">           CERTIFIED MECHANIC (Give Certificate No.)         </td> <td colspan="2">           6         </td> <td colspan="2">           CERTIFIED REPAIR STATION (Give Certificate No.)         </td> </tr> <tr> <td colspan="2">           5         </td> <td colspan="10">           AIRCRAFT MANUFACTURER (Give name or firm)         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="3">           TITLE         </td> <td colspan="7">           SIGNATURE         </td> </tr> <tr> <td rowspan="4"> <b>IV. INSPECTION AGENCY VERIFICATION</b> </td> <td colspan="5">           (Check ALL applicable block items A and B)         </td> <td colspan="7">           THE CERTIFICATE REQUESTED         </td> </tr> <tr> <td colspan="5">           A. I find that the aircraft described in Section I or VII meets requirements for         </td> <td colspan="7">           4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE         </td> </tr> <tr> <td colspan="5">           B. Inspection for a special permit under Section VII was conducted by:         </td> <td colspan="3">           FAA INSPECTOR         </td> <td colspan="4">           FAA DESIGNEE         </td> </tr> <tr> <td colspan="5"></td> <td colspan="3">           CERTIFICATE HOLDER UNDER         </td> <td colspan="2">           14 CFR part 65         </td> <td colspan="2">           14 CFR part 121 OR 135         </td> <td colspan="2">           14 CFR part 145         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="2">           DISTRICT OFFICE         </td> <td colspan="2">           4 DESIGNEE'S SIGNATURE AND NO.         </td> <td colspan="7">           FAA INSPECTOR'S SIGNATURE         </td> </tr> <tr> <td colspan="2"> <b>9/5/2008</b> </td> <td colspan="2"> <b>Atlanta Mido</b> </td> <td colspan="2">  </td> <td colspan="7"> <b>1</b> </td> </tr> </table> </td></tr></table> |  |  |  |          |            |  |          |                 |  |  |          | <b>7</b>                     | PRIMARY |          |         |  |  |  |  |  |  |          |  | <b>9</b> | LIGHT-SPORT (Indicate Class) |  | AIRPLANE | POWER-PARACHUTE | WEIGHT-SHIFT-CONTROL | GLIDER | LIGHTER THAN AIR |  |  |  |          | <b>2</b>      | LIMITED |          |            |          |   
  |  |  |          |            |  |  | <b>5</b> | PROVISIONAL (Indicate Class) |  | <b>1</b> | CLASS I                      |  |          |               |  |          |               |  |  |          |               |          | <b>2</b>                        | CLASS II           |  |  |          |                                |  |  |  |          |   |  |  | <b>3</b> | RESTRICTED (Indicate operation(s) to be conducted) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1</b></td> <td colspan="9">AGRICULTURE AND PEST CONTROL</td> <td><b>2</b></td> <td colspan="2">AERIAL SURVEY</td> <td><b>3</b></td> <td colspan="3">AERIAL ADVERTISING</td> </tr> <tr> <td><b>4</b></td> <td colspan="9">FOREST (Wildlife Conservation)</td> <td><b>5</b></td> <td colspan="2">PATROLLING</td> <td><b>6</b></td> <td colspan="3">WEATHER CONTROL</td> </tr> <tr> <td><b>0</b></td> <td colspan="10">OTHER (Specify)</td> </tr> <tr> <td rowspan="3"><b>4</b></td> <td colspan="2">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td><b>1</b></td> <td colspan="9"><input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT</td> <td><b>2</b></td> <td colspan="2">AMATEUR BUILT</td> <td><b>3</b></td> <td colspan="3">EXHIBITION</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="9">AIR RACING</td> <td><b>5</b></td> <td colspan="2">CREW TRAINING</td> <td><b>6</b></td> <td colspan="3">MARKET SURVEY</td> </tr> <tr> <td colspan="2"></td> <td><b>0</b></td> <td colspan="9">TO SHOW COMPLIANCE WITH THE CFR</td> <td><b>7</b></td> <td colspan="5">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> </tr> <tr> <td rowspan="6"><b>8</b></td> <td colspan="2">SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)</td> <td><b>1</b></td> <td colspan="10">OPERATING LIGHT-SPORT</td> <td><b>8A</b></td> <td colspan="2">Existing Aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8B</b></td> <td colspan="2">Operating Light-Sport Kit-Built</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8C</b></td> <td colspan="2">Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190</td> </tr> <tr> <td colspan="2"></td> <td><b>1</b></td> <td colspan="10">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">EVACUATION FROM AREA OF IMPENDING DANGER</td> </tr> <tr> <td colspan="2"></td> <td><b>3</b></td> <td colspan="10">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="2">DELIVERING OR EXPORTING</td> <td colspan="8"><b>5</b></td> <td colspan="4">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td colspan="2"></td> <td><b>6</b></td> <td colspan="10">CUSTOMER DEMONSTRATION FLIGHTS</td> </tr> <tr> <td colspan="12"> <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)         </td> </tr> <tr> <td rowspan="8"> <b>II. CERTIFICATION REQUESTED</b> </td> <td colspan="11"> <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)         </td> <td colspan="2">           IF DEALER, CHECK HERE <input type="checkbox"/> </td> </tr> <tr> <td colspan="5">           NAME<br/> <b>Blackwater Airships, LLC</b> </td> <td colspan="6">           ADDRESS<br/>           PO Box 1029, Moyock NC 27958-1029         </td> </tr> <tr> <td colspan="11"> <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="5">           AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br/> <b>N/A</b> </td> <td colspan="6">           AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="5">           AIRCRAFT LISTING (Give page number(s))<br/> <b>N/A</b> </td> <td colspan="6">           SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="12"> <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> </td> </tr> <tr> <td colspan="2">           CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417         </td> <td colspan="3">           TOTAL AIRFRAME HOURS<br/> <b>55.5</b> </td> <td colspan="2">           3         </td> <td colspan="5">           EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)         </td> <td colspan="2"> <b>55.5</b> </td> </tr> <tr> <td colspan="12"> <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.         </td> </tr> <tr> <td colspan="2">           DATE OF APPLICATION<br/>
<b>August 28, 2008</b> </td> <td colspan="3">           NAME AND TITLE (Print or type)<br/> <b>Alan Ram (Vice President)</b> </td> <td colspan="7">           SIGNATURE<br/>  </td> </tr> <tr> <td rowspan="3"> <b>III. OWNER'S CERTIFICATION</b> </td> <td colspan="11"> <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="2">           2         </td> <td colspan="2">           14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)         </td> <td colspan="2">           3         </td> <td colspan="3">           CERTIFIED MECHANIC (Give Certificate No.)         </td> <td colspan="2">           6         </td> <td colspan="2">           CERTIFIED REPAIR STATION (Give Certificate No.)         </td> </tr> <tr> <td colspan="2">           5         </td> <td colspan="10">           AIRCRAFT MANUFACTURER (Give name or firm)         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="3">           TITLE         </td> <td colspan="7">           SIGNATURE         </td> </tr> <tr> <td rowspan="4"> <b>IV. INSPECTION AGENCY VERIFICATION</b> </td> <td colspan="5">           (Check ALL applicable block items A and B)         </td> <td colspan="7">           THE CERTIFICATE REQUESTED         </td> </tr> <tr> <td colspan="5">           A. I find that the aircraft described in Section I or VII meets requirements for         </td> <td colspan="7">           4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE         </td> </tr> <tr> <td colspan="5">           B. Inspection for a special permit under Section VII was conducted by:         </td> <td colspan="3">           FAA INSPECTOR         </td> <td colspan="4">           FAA DESIGNEE         </td> </tr> <tr> <td colspan="5"></td> <td colspan="3">           CERTIFICATE HOLDER UNDER         </td> <td colspan="2">           14 CFR part 65         </td> <td colspan="2">           14 CFR part 121 OR 135         </td> <td colspan="2">           14 CFR part 145         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="2">           DISTRICT OFFICE         </td> <td colspan="2">           4 DESIGNEE'S SIGNATURE AND NO.         </td> <td colspan="7">           FAA INSPECTOR'S SIGNATURE         </td> </tr> <tr> <td colspan="2"> <b>9/5/2008</b> </td> <td colspan="2"> <b>Atlanta Mido</b> </td> <td colspan="2">  </td> <td colspan="7"> <b>1</b> </td> </tr> </table> |            |  |          |                 |                       |  |          |                 |  | <b>1</b> | AGRICULTURE AND PEST CONTROL |  |  |  |           |  |  |          |  | <b>2</b> | AERIAL SURVEY |  | <b>3</b> | AERIAL ADVERTISING |  |  | <b>4</b> | FOREST (Wildlife Conservation) |  |  |           |                                 |  |          |            |          | <b>5</b> | PATROLLING |  | <b>6</b> | WEATHER CONTROL |  |  | <b>0</b> | OTHER (Specify) |  |           |   |  |          |               |          |  |               | <b>4</b> | EXPERIMENTAL (Indicate operation(s) to be conducted) |  | <b>1</b> | <input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT |                                 |  |  |  |  |          |  |  | <b>2</b> | AMATEUR BUILT |   | <b>3</b> | EXHIBITION |  |  |          |  | <b>4</b> | AIR RACING |   |  |  |  |  |  |  |  | <b>5</b> | CREW TRAINING |           | <b>6</b>   | MARKET SURVEY |                         |  |          |  | <b>0</b> | TO SHOW COMPLIANCE WITH THE CFR |  |  |  |  |                           |  |  |           | <b>7</b>                        | OPERATING (Primary Category) KIT BUILT AIRCRAFT |          |                                |          |  | <b>8</b> | SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side) |  | <b>1</b> | OPERATING LIGHT-SPORT |  |  |   |  |           |   |  |  |  | <b>8A</b> | Existing Aircraft without an airworthiness certificate & do not meet § 103.1 |  |  |  | <b>8</b>                           |   |  |  |  |  |  |  |          |  |  | <b>8B</b> | Operating Light-Sport Kit-Built                |  |   |  | <b>8</b> |  |  |  |  |          |   |  |  |  |  | <b>8C</b> | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |  |  |  | <b>1</b> | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE |          |                         |  |          |   |  |  |  |  |  |  | <b>2</b>                  | EVACUATION FROM AREA OF IMPENDING DANGER |  |  |            |  |  |                                |  |  |  |  |  | <b>3</b> | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT |  |  |   |  |  |  |  |  |  |  |  | <b>4</b> | DELIVERING OR EXPORTING |  | <b>5</b>                           |   |   |  |                                     |  |  |   | PRODUCTION FLIGHT TESTING |  |  |  |  |  | <b>6</b>                                | CUSTOMER DEMONSTRATION FLIGHTS |  |  |  |  |  |  |  |  |  | <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable) |  |  |   |  |  |  |  |  |  |  |  | <b>II. CERTIFICATION REQUESTED</b> | <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)                   |  |                                   |  |  |  |  |  |  |  |  | IF DEALER, CHECK HERE <input type="checkbox"/> |  | NAME<br><b>Blackwater Airships, LLC</b>              |  |  |   |  | ADDRESS<br>PO Box 1029, Moyock NC 27958-1029                         |  |   |  |   |  | <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated) |   |  |   |  |   |  |   |  |  |  |  |  | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br><b>N/A</b> |   |  |                                     |      | AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) |       |
 |  |           |  | <b>N/A</b> |  | AIRCRAFT LISTING (Give page number(s))<br><b>N/A</b> |  |  |   |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) |  |  |  |                           |  | <b>N/A</b> |  | <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> |   |  |  |  |  |  |  |  |  |  |  | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417 |                                   | TOTAL AIRFRAME HOURS<br><b>55.5</b>  |  |  | 3 |  | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |               |  |  |              | <b>55.5</b> |  | <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |   |  |   |  |   |                          |   |  |                |   |                        | DATE OF APPLICATION<br><b>August 28, 2008</b>   |                 | NAME AND TITLE (Print or type)<br><b>Alan Ram (Vice President)</b> |      |   | SIGNATURE<br> |  |                                |  |                           |  |  | <b>III. OWNER'S CERTIFICATION</b> | <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies) |      |  |                 |  |                     |           |  |  |          |  |  |  | 2   |  | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) |  | 3 |  | CERTIFIED MECHANIC (Give Certificate No.) |  |  | 6 |  | CERTIFIED REPAIR STATION (Give Certificate No.) |  | 5  |  | AIRCRAFT MANUFACTURER (Give name or firm) |  |  |  |  |  |  |  |  |  | DATE   |  | TITLE |  |  | SIGNATURE     |  |  |              |  |  |  | <b>IV. INSPECTION AGENCY VERIFICATION</b> | (Check ALL applicable block items A and B) |  |  |  |  | THE CERTIFICATE REQUESTED |  |  |                |  |                        |  | A. I find that the aircraft described in Section I or VII meets requirements for |  |      |  |                 | 4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE |                                |  |                           |  |  |  | B. Inspection for a special permit under Section VII was conducted by: |  |  |                 |  | FAA INSPECTOR       |  |  | FAA DESIGNEE |          |  |  |  |  |  |  |  | CERTIFICATE HOLDER UNDER |  |  | 14 CFR part 65 |  | 14 CFR part 121 OR 135 |  | 14 CFR part 145 |  | DATE |  | DISTRICT OFFICE |  | 4 DESIGNEE'S SIGNATURE AND NO. |  | FAA INSPECTOR'S SIGNATURE |  |  |  |  |  |  | <b>9/5/2008</b> |  | <b>Atlanta Mido</b> |  |  |  | <b>1</b> |  |  |  |  |  |
| <input type="checkbox"/>   | <b>A</b>  
  | STANDARD AIRWORTHINESS CERTIFICATE (Indicate Category)  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   | NORMAL   | UTILITY  | ACROBATIC  | TRANSPORT  | COMMUTER       | BALLOON  | OTHER   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <input checked="" type="checkbox"/>  | <b>B</b>  
  | <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items) |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>7</b></td> <td colspan="11">PRIMARY</td> </tr> <tr> <td><b>9</b></td> <td colspan="2">LIGHT-SPORT (Indicate Class)</td> <td>AIRPLANE</td> <td>POWER-PARACHUTE</td> <td>WEIGHT-SHIFT-CONTROL</td> <td>GLIDER</td> <td colspan="5">LIGHTER THAN AIR</td> </tr> <tr> <td><b>2</b></td> <td colspan="11">LIMITED</td> </tr> <tr> <td rowspan="3"><b>5</b></td> <td colspan="2">PROVISIONAL (Indicate Class)</td> <td><b>1</b></td> <td colspan="10">CLASS I</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">CLASS II</td> </tr> <tr> <td colspan="2"></td> <td><b>3</b></td> <td colspan="10">           RESTRICTED (Indicate operation(s) to be conducted)           <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1</b></td> <td colspan="9">AGRICULTURE AND PEST CONTROL</td> <td><b>2</b></td> <td colspan="2">AERIAL SURVEY</td> <td><b>3</b></td> <td colspan="3">AERIAL ADVERTISING</td> </tr> <tr> <td><b>4</b></td> <td colspan="9">FOREST (Wildlife Conservation)</td> <td><b>5</b></td> <td colspan="2">PATROLLING</td> <td><b>6</b></td> <td colspan="3">WEATHER CONTROL</td> </tr> <tr> <td><b>0</b></td> <td colspan="10">OTHER (Specify)</td> </tr> <tr> <td rowspan="3"><b>4</b></td> <td colspan="2">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td><b>1</b></td> <td colspan="9"><input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT</td> <td><b>2</b></td> <td colspan="2">AMATEUR BUILT</td> <td><b>3</b></td> <td colspan="3">EXHIBITION</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="9">AIR RACING</td> <td><b>5</b></td> <td colspan="2">CREW TRAINING</td> <td><b>6</b></td> <td colspan="3">MARKET SURVEY</td> </tr> <tr> <td colspan="2"></td> <td><b>0</b></td> <td colspan="9">TO SHOW COMPLIANCE WITH THE CFR</td> <td><b>7</b></td> <td colspan="5">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> </tr> <tr> <td rowspan="6"><b>8</b></td> <td colspan="2">SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)</td> <td><b>1</b></td> <td colspan="10">OPERATING LIGHT-SPORT</td> <td><b>8A</b></td> <td colspan="2">Existing Aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8B</b></td> <td colspan="2">Operating Light-Sport Kit-Built</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8C</b></td> <td colspan="2">Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190</td> </tr> <tr> <td colspan="2"></td> <td><b>1</b></td> <td colspan="10">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">EVACUATION FROM AREA OF IMPENDING DANGER</td> </tr> <tr> <td colspan="2"></td> <td><b>3</b></td> <td colspan="10">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="2">DELIVERING OR EXPORTING</td> <td colspan="8"><b>5</b></td> <td colspan="4">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td colspan="2"></td> <td><b>6</b></td> <td colspan="10">CUSTOMER DEMONSTRATION FLIGHTS</td> </tr> <tr> <td colspan="12"> <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)         </td> </tr> <tr> <td rowspan="8"> <b>II. CERTIFICATION REQUESTED</b> </td> <td colspan="11"> <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)         </td> <td colspan="2">           IF DEALER, CHECK HERE <input type="checkbox"/> </td> </tr> <tr> <td colspan="5">           NAME<br/> <b>Blackwater Airships, LLC</b> </td> <td colspan="6">           ADDRESS<br/>           PO Box 1029, Moyock NC 27958-1029         </td> </tr> <tr> <td colspan="11"> <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="5">           AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br/> <b>N/A</b> </td> <td colspan="6">           AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="5">           AIRCRAFT LISTING (Give page number(s))<br/> <b>N/A</b> </td> <td colspan="6">           SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="12"> <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> </td> </tr> <tr> <td colspan="2">           CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417         </td> <td colspan="3">           TOTAL AIRFRAME HOURS<br/> <b>55.5</b> </td> <td colspan="2">           3         </td> <td colspan="5">           EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)         </td> <td colspan="2"> <b>55.5</b> </td> </tr> <tr> <td colspan="12"> <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.         </td> </tr> <tr> <td colspan="2">           DATE OF APPLICATION<br/> <b>August 28, 2008</b> </td> <td colspan="3">           NAME AND TITLE (Print or type)<br/> <b>Alan Ram (Vice President)</b> </td> <td colspan="7">           SIGNATURE<br/>  </td> </tr> <tr> <td rowspan="3"> <b>III. OWNER'S CERTIFICATION</b> </td> <td colspan="11"> <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="2">           2         </td> <td colspan="2">           14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)         </td> <td colspan="2">           3         </td> <td colspan="3">           CERTIFIED MECHANIC (Give Certificate No.)         </td> <td colspan="2">           6         </td> <td colspan="2">           CERTIFIED REPAIR STATION (Give Certificate No.)         </td> </tr> <tr> <td colspan="2">           5         </td> <td colspan="10">           AIRCRAFT MANUFACTURER (Give name or firm)         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="3">           TITLE         </td> <td colspan="7">           SIGNATURE         </td> </tr> <tr> <td rowspan="4"> <b>IV. INSPECTION AGENCY VERIFICATION</b> </td> <td colspan="5">           (Check ALL applicable block items A and B)         </td> <td colspan="7">           THE CERTIFICATE REQUESTED         </td> </tr> <tr> <td colspan="5">           A. I find that the aircraft described in Section I or VII meets requirements for         </td> <td colspan="7">           4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE         </td> </tr> <tr> <td colspan="5">           B. Inspection for a special permit under Section VII was conducted by:         </td> <td colspan="3">           FAA INSPECTOR         </td> <td colspan="4">           FAA DESIGNEE         </td> </tr> <tr> <td colspan="5"></td> <td colspan="3">           CERTIFICATE HOLDER UNDER         </td> <td colspan="2">           14 CFR part 65         </td> <td colspan="2">           14 CFR part 121 OR 135         </td> <td colspan="2">           14 CFR part 145         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="2">           DISTRICT OFFICE         </td> <td colspan="2">           4 DESIGNEE'S SIGNATURE AND NO.         </td> <td colspan="7">           FAA INSPECTOR'S SIGNATURE         </td> </tr> <tr> <td colspan="2"> <b>9/5/2008</b> </td> <td colspan="2"> <b>Atlanta Mido</b> </td> <td colspan="2">  </td> <td colspan="7"> <b>1</b> </td> </tr> </table> </td></tr></table> |  
   |   |   |   
  |  |  |  |  |                |  |   | <b>7</b>  | PRIMARY                    |   |   |          |               |        |         |           |           |          |         | <b>9</b> | LIGHT-SPORT (Indicate Class)        |          | AIRPLANE  | POWER-PARACHUTE    | WEIGHT-SHIFT-CONTROL | GLIDER | LIGHTER THAN AIR |                                |  |  |  | <b>2</b> | LIMITED   
  |  |  |  |          |            |  |          |                 |  |  | <b>5</b> | PROVISIONAL (Indicate Class) |         | <b>1</b> | CLASS I |  |  |  |  |  |  |          |  |          |                              |  | <b>2</b> | CLASS II        |                      |        |                  |  |  |  |          |               |         |          |            | <b>3</b> | RESTRICTED (Indicate operation(s) to be conducted) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1</b></td> <td colspan="9">AGRICULTURE AND PEST CONTROL</td> <td><b>2</b></td> <td colspan="2">AERIAL SURVEY</td> <td><b>3</b></td> <td colspan="3">AERIAL ADVERTISING</td> </tr> <tr> <td><b>4</b></td> <td colspan="9">FOREST (Wildlife Conservation)</td> <td><b>5</b></td> <td colspan="2">PATROLLING</td> <td><b>6</b></td> <td colspan="3">WEATHER CONTROL</td> </tr> <tr> <td><b>0</b></td> <td colspan="10">OTHER (Specify)</td> </tr> <tr> <td rowspan="3"><b>4</b></td> <td colspan="2">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td><b>1</b></td> <td colspan="9"><input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT</td> <td><b>2</b></td> <td colspan="2">AMATEUR BUILT</td> <td><b>3</b></td> <td colspan="3">EXHIBITION</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="9">AIR RACING</td> <td><b>5</b></td> <td colspan="2">CREW TRAINING</td> <td><b>6</b></td> <td colspan="3">MARKET SURVEY</td> </tr> <tr> <td colspan="2"></td> <td><b>0</b></td> <td colspan="9">TO SHOW COMPLIANCE WITH THE CFR</td> <td><b>7</b></td> <td colspan="5">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> </tr> <tr> <td rowspan="6"><b>8</b></td> <td colspan="2">SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)</td> <td><b>1</b></td> <td colspan="10">OPERATING LIGHT-SPORT</td> <td><b>8A</b></td> <td colspan="2">Existing Aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8B</b></td> <td colspan="2">Operating Light-Sport Kit-Built</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8C</b></td> <td colspan="2">Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190</td> </tr> <tr> <td colspan="2"></td> <td><b>1</b></td> <td colspan="10">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">EVACUATION FROM AREA OF IMPENDING DANGER</td> </tr> <tr> <td colspan="2"></td> <td><b>3</b></td> <td colspan="10">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="2">DELIVERING OR EXPORTING</td> <td colspan="8"><b>5</b></td> <td colspan="4">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td colspan="2"></td> <td><b>6</b></td> <td colspan="10">CUSTOMER DEMONSTRATION FLIGHTS</td> </tr> <tr> <td colspan="12"> <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)         </td> </tr> <tr> <td rowspan="8"> <b>II. CERTIFICATION REQUESTED</b> </td> <td colspan="11"> <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)         </td> <td colspan="2">           IF DEALER, CHECK HERE <input type="checkbox"/> </td> </tr> <tr> <td colspan="5">           NAME<br/> <b>Blackwater Airships, LLC</b> </td> <td colspan="6">           ADDRESS<br/>           PO Box 1029, Moyock NC 27958-1029         </td> </tr> <tr> <td colspan="11"> <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="5">           AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA
SHEET (Give No. and Revision No.)<br/> <b>N/A</b> </td> <td colspan="6">           AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="5">           AIRCRAFT LISTING (Give page number(s))<br/> <b>N/A</b> </td> <td colspan="6">           SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="12"> <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> </td> </tr> <tr> <td colspan="2">           CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417         </td> <td colspan="3">           TOTAL AIRFRAME HOURS<br/> <b>55.5</b> </td> <td colspan="2">           3         </td> <td colspan="5">           EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)         </td> <td colspan="2"> <b>55.5</b> </td> </tr> <tr> <td colspan="12"> <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.         </td> </tr> <tr> <td colspan="2">           DATE OF APPLICATION<br/> <b>August 28, 2008</b> </td> <td colspan="3">           NAME AND TITLE (Print or type)<br/> <b>Alan Ram (Vice President)</b> </td> <td colspan="7">           SIGNATURE<br/>  </td> </tr> <tr> <td rowspan="3"> <b>III. OWNER'S CERTIFICATION</b> </td> <td colspan="11"> <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="2">           2         </td> <td colspan="2">           14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)         </td> <td colspan="2">           3         </td> <td colspan="3">           CERTIFIED MECHANIC (Give Certificate No.)         </td> <td colspan="2">           6         </td> <td colspan="2">           CERTIFIED REPAIR STATION (Give Certificate No.)         </td> </tr> <tr> <td colspan="2">           5         </td> <td colspan="10">           AIRCRAFT MANUFACTURER (Give name or firm)         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="3">           TITLE         </td> <td colspan="7">           SIGNATURE         </td> </tr> <tr> <td rowspan="4"> <b>IV. INSPECTION AGENCY VERIFICATION</b> </td> <td colspan="5">           (Check ALL applicable block items A and B)         </td> <td colspan="7">           THE CERTIFICATE REQUESTED         </td> </tr> <tr> <td colspan="5">           A. I find that the aircraft described in Section I or VII meets requirements for         </td> <td colspan="7">           4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE         </td> </tr> <tr> <td colspan="5">           B. Inspection for a special permit under Section VII was conducted by:         </td> <td colspan="3">           FAA INSPECTOR         </td> <td colspan="4">           FAA DESIGNEE         </td> </tr> <tr> <td colspan="5"></td> <td colspan="3">           CERTIFICATE HOLDER UNDER         </td> <td colspan="2">           14 CFR part 65         </td> <td colspan="2">           14 CFR part 121 OR 135         </td> <td colspan="2">           14 CFR part 145         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="2">           DISTRICT OFFICE         </td> <td colspan="2">           4 DESIGNEE'S SIGNATURE AND NO.         </td> <td colspan="7">           FAA INSPECTOR'S SIGNATURE         </td> </tr> <tr> <td colspan="2"> <b>9/5/2008</b> </td> <td colspan="2"> <b>Atlanta Mido</b> </td> <td colspan="2">  </td> <td colspan="7"> <b>1</b> </td> </tr> </table> |  |  |          |            |  |  |          |                              |  | <b>1</b> | AGRICULTURE AND PEST CONTROL |  |          |               |  |          |               |  |  | <b>2</b> | AERIAL SURVEY |          | <b>3</b>                        | AERIAL ADVERTISING |  |  | <b>4</b> | FOREST (Wildlife Conservation) |  |  |  |          |   |  |  |          | <b>5</b>   
   | PATROLLING |  | <b>6</b> | WEATHER CONTROL |                       |  | <b>0</b> | OTHER (Specify) |  |          |                              |  |  |  |           |  |  | <b>4</b> | EXPERIMENTAL (Indicate operation(s) to be conducted) |          | <b>1</b>      | <input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT |          |                    |  |  |          |                                |  |  | <b>2</b>  | AMATEUR BUILT                   |  | <b>3</b> | EXHIBITION |          |          |            |  | <b>4</b> | AIR RACING      |  |  |          |                 |  |           |   |  | <b>5</b> | CREW TRAINING |          | <b>6</b>   | MARKET SURVEY |          |  |  |          | <b>0</b>   | TO SHOW COMPLIANCE WITH THE CFR |  |  |  |  |          |  |  |          | <b>7</b>      | OPERATING (Primary Category) KIT BUILT AIRCRAFT |          |            |  |  | <b>8</b> | SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side) |          | <b>1</b>   | OPERATING LIGHT-SPORT                                       |  |  |  |  |  |  |  |          |               | <b>8A</b> | Existing Aircraft without an airworthiness certificate & do not meet § 103.1 |               |                         |  | <b>8</b> |  |          |                                 |  |  |  |  |                           |  |  | <b>8B</b> | Operating Light-Sport Kit-Built |   |          |                                | <b>8</b> |  |          |  |  |          |                       |  |  |   |  | <b>8C</b> | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |  |  |  | <b>1</b>  | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE               |  |  |  |                                    |   |  |  |  |  |  |  | <b>2</b> | EVACUATION FROM AREA OF IMPENDING DANGER |  |           |  |  |   |  |          |  |  |  |  | <b>3</b> | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT |  |  |  |  |           |   |  |  |  |          |  | <b>4</b> | DELIVERING OR EXPORTING |  | <b>5</b> |   |  |  |  |  |  |  | PRODUCTION FLIGHT TESTING |  |  |  |            |  | <b>6</b>   | CUSTOMER DEMONSTRATION FLIGHTS |  |  |  |  |  |          |   |  |  | <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable) |  |  |  |  |  |  |  |  |          |                         |  | <b>II. CERTIFICATION REQUESTED</b> | <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration) |   |  |                                     |  |  |   |                           |  |  |  | IF DEALER, CHECK HERE <input type="checkbox"/> |  | NAME<br><b>Blackwater Airships, LLC</b> |                                |  |  |  | ADDRESS<br>PO Box 1029, Moyock NC 27958-1029 |  |  |  |  |  | <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)                                    |  |  |   |  |  |  |  |  |  |  |  |                                    | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br><b>N/A</b> |  |                                   |  |  | AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) |  |  |  |  |  | <b>N/A</b>                                     |  | AIRCRAFT LISTING (Give page number(s))<br><b>N/A</b> |  |  |   |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) |  |   |  |   |  | <b>N/A</b>   |   | <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> |   |  |   |  |   |  |  |  |  |  |   | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417 |  | TOTAL AIRFRAME HOURS<br><b>55.5</b> |      |  | 3     |  | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |           |  |            |  | <b>55.5</b>  |  | <b>D. CERTIFICATION</b> - I hereby
certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |   |  |  |  |  |  |                           |  |            |  |  | DATE OF APPLICATION<br><b>August 28, 2008</b> |  | NAME AND TITLE (Print or type)<br><b>Alan Ram (Vice President)</b>               |  |  | SIGNATURE<br> |  |  |  |  |  |   | <b>III. OWNER'S CERTIFICATION</b> | <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies) |  |  |   |  |  |               |  |  |              |             |  |  | 2 |  | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) |  | 3 |                          | CERTIFIED MECHANIC (Give Certificate No.) |  |                | 6 |                        | CERTIFIED REPAIR STATION (Give Certificate No.) |                 | 5  |      | AIRCRAFT MANUFACTURER (Give name or firm) |  |  |                                |  |                           |  |  |                                   |  | DATE |  | TITLE           |  |                     | SIGNATURE |  |  |          |  |  |  | <b>IV. INSPECTION AGENCY VERIFICATION</b> | (Check ALL applicable block items A and B) |   |  |   |  | THE CERTIFICATE REQUESTED                 |  |  |   |  |   |  | A. I find that the aircraft described in Section I or VII meets requirements for |  |   |  |  | 4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE |  |  |  |  |  |  | B. Inspection for a special permit under Section VII was conducted by: |  |       |  |  | FAA INSPECTOR |  |  | FAA DESIGNEE |  |  |  |   |  |  |  |  |  | CERTIFICATE HOLDER UNDER  |  |  | 14 CFR part 65 |  | 14 CFR part 121 OR 135 |  | 14 CFR part 145  |  | DATE |  | DISTRICT OFFICE |  | 4 DESIGNEE'S SIGNATURE AND NO. |  | FAA INSPECTOR'S SIGNATURE |  |  |  |  |  |  | <b>9/5/2008</b> |  | <b>Atlanta Mido</b> |  |  |              | <b>1</b> |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>7</b>   | PRIMARY   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>9</b>   | LIGHT-SPORT (Indicate Class)  
  |   | AIRPLANE  | POWER-PARACHUTE  
   | WEIGHT-SHIFT-CONTROL   | GLIDER   | LIGHTER THAN AIR   |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>2</b>   | LIMITED   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>5</b>   | PROVISIONAL (Indicate Class)  
  |   | <b>1</b>  | CLASS I  
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>2</b>  | CLASS II   
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>3</b>  | RESTRICTED (Indicate operation(s) to be conducted) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1</b></td> <td colspan="9">AGRICULTURE AND PEST CONTROL</td> <td><b>2</b></td> <td colspan="2">AERIAL SURVEY</td> <td><b>3</b></td> <td colspan="3">AERIAL ADVERTISING</td> </tr> <tr> <td><b>4</b></td> <td colspan="9">FOREST (Wildlife Conservation)</td> <td><b>5</b></td> <td colspan="2">PATROLLING</td> <td><b>6</b></td> <td colspan="3">WEATHER CONTROL</td> </tr> <tr> <td><b>0</b></td> <td colspan="10">OTHER (Specify)</td> </tr> <tr> <td rowspan="3"><b>4</b></td> <td colspan="2">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td><b>1</b></td> <td colspan="9"><input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT</td> <td><b>2</b></td> <td colspan="2">AMATEUR BUILT</td> <td><b>3</b></td> <td colspan="3">EXHIBITION</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="9">AIR RACING</td> <td><b>5</b></td> <td colspan="2">CREW TRAINING</td> <td><b>6</b></td> <td colspan="3">MARKET SURVEY</td> </tr> <tr> <td colspan="2"></td> <td><b>0</b></td> <td colspan="9">TO SHOW COMPLIANCE WITH THE CFR</td> <td><b>7</b></td> <td colspan="5">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> </tr> <tr> <td rowspan="6"><b>8</b></td> <td colspan="2">SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)</td> <td><b>1</b></td> <td colspan="10">OPERATING LIGHT-SPORT</td> <td><b>8A</b></td> <td colspan="2">Existing Aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8B</b></td> <td colspan="2">Operating Light-Sport Kit-Built</td> </tr> <tr> <td colspan="2"></td> <td><b>8</b></td> <td colspan="10"></td> <td><b>8C</b></td> <td colspan="2">Operating light-sport previously
issued special light-sport category airworthiness certificate under § 21.190</td> </tr> <tr> <td colspan="2"></td> <td><b>1</b></td> <td colspan="10">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> </tr> <tr> <td colspan="2"></td> <td><b>2</b></td> <td colspan="10">EVACUATION FROM AREA OF IMPENDING DANGER</td> </tr> <tr> <td colspan="2"></td> <td><b>3</b></td> <td colspan="10">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> </tr> <tr> <td colspan="2"></td> <td><b>4</b></td> <td colspan="2">DELIVERING OR EXPORTING</td> <td colspan="8"><b>5</b></td> <td colspan="4">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td colspan="2"></td> <td><b>6</b></td> <td colspan="10">CUSTOMER DEMONSTRATION FLIGHTS</td> </tr> <tr> <td colspan="12"> <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)         </td> </tr> <tr> <td rowspan="8"> <b>II. CERTIFICATION REQUESTED</b> </td> <td colspan="11"> <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)         </td> <td colspan="2">           IF DEALER, CHECK HERE <input type="checkbox"/> </td> </tr> <tr> <td colspan="5">           NAME<br/> <b>Blackwater Airships, LLC</b> </td> <td colspan="6">           ADDRESS<br/>           PO Box 1029, Moyock NC 27958-1029         </td> </tr> <tr> <td colspan="11"> <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="5">           AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br/> <b>N/A</b> </td> <td colspan="6">           AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="5">           AIRCRAFT LISTING (Give page number(s))<br/> <b>N/A</b> </td> <td colspan="6">           SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)         </td> <td colspan="2"> <b>N/A</b> </td> </tr> <tr> <td colspan="12"> <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> </td> </tr> <tr> <td colspan="2">           CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417         </td> <td colspan="3">           TOTAL AIRFRAME HOURS<br/> <b>55.5</b> </td> <td colspan="2">           3         </td> <td colspan="5">           EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)         </td> <td colspan="2"> <b>55.5</b> </td> </tr> <tr> <td colspan="12"> <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.         </td> </tr> <tr> <td colspan="2">           DATE OF APPLICATION<br/> <b>August 28, 2008</b> </td> <td colspan="3">           NAME AND TITLE (Print or type)<br/> <b>Alan Ram (Vice President)</b> </td> <td colspan="7">           SIGNATURE<br/>  </td> </tr> <tr> <td rowspan="3"> <b>III. OWNER'S CERTIFICATION</b> </td> <td colspan="11"> <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies)         </td> <td colspan="2"></td> </tr> <tr> <td colspan="2">           2         </td> <td colspan="2">           14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)         </td> <td colspan="2">           3         </td> <td colspan="3">           CERTIFIED MECHANIC (Give Certificate No.)         </td> <td colspan="2">           6         </td> <td colspan="2">           CERTIFIED REPAIR STATION (Give Certificate No.)         </td> </tr> <tr> <td colspan="2">           5         </td> <td colspan="10">           AIRCRAFT MANUFACTURER (Give name or firm)         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="3">           TITLE         </td> <td colspan="7">           SIGNATURE         </td> </tr> <tr> <td rowspan="4"> <b>IV. INSPECTION AGENCY VERIFICATION</b> </td> <td colspan="5">           (Check ALL applicable block items A and B)         </td> <td colspan="7">           THE CERTIFICATE REQUESTED         </td> </tr> <tr> <td colspan="5">           A. I find that the aircraft described in Section I or VII meets requirements for         </td> <td colspan="7">           4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE         </td> </tr> <tr> <td colspan="5">           B. Inspection for a special permit under Section VII was conducted by:         </td> <td colspan="3">           FAA INSPECTOR         </td> <td colspan="4">           FAA DESIGNEE         </td> </tr> <tr> <td colspan="5"></td> <td colspan="3">           CERTIFICATE HOLDER UNDER         </td> <td colspan="2">           14 CFR part 65         </td> <td colspan="2">           14 CFR part 121 OR 135         </td> <td colspan="2">           14 CFR part 145         </td> </tr> <tr> <td colspan="2">           DATE         </td> <td colspan="2">           DISTRICT OFFICE         </td> <td colspan="2">           4 DESIGNEE'S SIGNATURE AND NO.         </td> <td colspan="7">           FAA INSPECTOR'S SIGNATURE         </td> </tr> <tr> <td colspan="2"> <b>9/5/2008</b> </td> <td colspan="2"> <b>Atlanta Mido</b> </td> <td colspan="2">  </td> <td colspan="7"> <b>1</b> </td> </tr> </table> |  |  |  |  |                |  |   |   |                            | <b>1</b>  | AGRICULTURE AND PEST CONTROL  |          |               |        |         |           |           |          |         | <b>2</b> | AERIAL SURVEY                       |          | <b>3</b>  | AERIAL ADVERTISING |                      |        | <b>4</b>         | FOREST (Wildlife Conservation) |  |  |  |          |  
   |  |  |  | <b>5</b> | PATROLLING |  | <b>6</b> | WEATHER CONTROL |  |  | <b>0</b> | OTHER (Specify)              |         |          |         |  |  |  |  |  |  | <b>4</b> | EXPERIMENTAL (Indicate operation(s) to be conducted) |          | <b>1</b>                     | <input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT |          |                 |                      |        |                  |  |  |  | <b>2</b> | AMATEUR BUILT |         | <b>3</b> | EXHIBITION |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |  |  | <b>4</b> | AIR RACING |  |  |          |                              |  |          |                              |  | <b>5</b> | CREW TRAINING |  | <b>6</b> | MARKET SURVEY |  |  |          |               | <b>0</b> | TO SHOW COMPLIANCE WITH THE CFR |                    |  |  |          |                                |  |  |  | <b>7</b> | OPERATING (Primary Category) KIT BUILT AIRCRAFT |  |  |          |   
  | <b>8</b>   | SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side) |          | <b>1</b>        | OPERATING LIGHT-SPORT |  |          |                 |  |          |                              |  |  |  | <b>8A</b> | Existing Aircraft without an airworthiness certificate & do not meet § 103.1 |  |          |  | <b>8</b> |               |  |          |                    |  |  |          |                                |  |  | <b>8B</b> | Operating Light-Sport Kit-Built |  |          |            | <b>8</b> |          |            |  |          |                 |  |  |          |                 |  | <b>8C</b> | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |  |          |               | <b>1</b> | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE |               |          |  |  |          |  |                                 |  |  |  |  | <b>2</b> | EVACUATION FROM AREA OF IMPENDING DANGER |  |          |               |   |          |            |  |  |          |  |          | <b>3</b>   | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT |  |  |  |  |  |  |  |          |               |           |  | <b>4</b>      | DELIVERING OR EXPORTING |  | <b>5</b> |  |          |                                 |  |  |  |  | PRODUCTION FLIGHT TESTING |  |  |           |                                 |   | <b>6</b> | CUSTOMER DEMONSTRATION FLIGHTS |          |  |          |  |  |          |                       |  |  | <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable) |  |           |   |  |  |  |           |  |  |  |  | <b>II. CERTIFICATION REQUESTED</b> | <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration) |  |  |  |  |  |  |          |  |  |           | IF DEALER, CHECK HERE <input type="checkbox"/> |  | NAME<br><b>Blackwater Airships, LLC</b> |  |          |  |  | ADDRESS<br>PO Box 1029, Moyock NC 27958-1029 |  |          |   |  |  | <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated) |  |           |   |  |  |  |          |  |          |                         |  |          | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br><b>N/A</b> |  |  |  |  | AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) |  |                           |  |  |  | <b>N/A</b> |  | AIRCRAFT LISTING (Give page number(s))<br><b>N/A</b> |                                |  |  |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) |  |          |   |  |  | <b>N/A</b>  |  | <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b> |  |  |  |  |  |  |          |                         |  |                                    |   | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417 |  | TOTAL AIRFRAME HOURS<br><b>55.5</b> |  |  | 3 |                           | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |  |  |  |  | <b>55.5</b>                             |                                | <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |  |  |  |  |  |  |  |  |   |  |  | DATE OF APPLICATION<br><b>August 28, 2008</b> |  | NAME AND TITLE (Print or type)<br><b>Alan Ram (Vice President)</b> |  |  | SIGNATURE<br> |  |  |  |                                    |   |  | <b>III. OWNER'S CERTIFICATION</b> | <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies) |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)            |  | 3 |  | CERTIFIED MECHANIC (Give Certificate No.) |  |  | 6 |  | CERTIFIED REPAIR STATION (Give Certificate No.) |  | 5 |  | AIRCRAFT MANUFACTURER (Give name or firm) |  |  |  |  |  |   |   |  |                                     | DATE |  | TITLE |  |  | SIGNATURE |  |            |  |  |  |  
   | <b>IV. INSPECTION AGENCY VERIFICATION</b> | (Check ALL applicable block items A and B) |  |  |  |  | THE CERTIFICATE REQUESTED |  |            |  |  |   |  | A. I find that the aircraft described in Section I or VII meets requirements for |  |  |  |  | 4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE |  |  |  |   |                                   |  | B. Inspection for a special permit under Section VII was conducted by: |  |   |  |  | FAA INSPECTOR |  |  | FAA DESIGNEE |             |  |  |   |  |   |  |   | CERTIFICATE HOLDER UNDER |   |  | 14 CFR part 65 |   | 14 CFR part 121 OR 135 |   | 14 CFR part 145 |  | DATE |   | DISTRICT OFFICE  |  | 4 DESIGNEE'S SIGNATURE AND NO. |  | FAA INSPECTOR'S SIGNATURE |  |  |                                   |  |      |  | <b>9/5/2008</b> |  | <b>Atlanta Mido</b> |           |  |  | <b>1</b> |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>1</b>   | AGRICULTURE AND PEST CONTROL  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                | <b>2</b>   | AERIAL SURVEY                                     |   | <b>3</b>                   | AERIAL ADVERTISING                              |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>4</b>   | FOREST (Wildlife Conservation)  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                | <b>5</b>   | PATROLLING  |   | <b>6</b>                   | WEATHER CONTROL                                 |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>0</b>   | OTHER (Specify)   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>4</b>   | EXPERIMENTAL (Indicate operation(s) to be conducted)  
  |   | <b>1</b>  | <input checked="" type="checkbox"/> RESEARCH AND DEVELOPMENT   
   |  |  |  |  |                |  |   |   | <b>2</b>                   | AMATEUR BUILT                                   |   | <b>3</b> | EXHIBITION    |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>4</b>  | AIR RACING   
   |  |  |  |  |                |  |   |   | <b>5</b>                   | CREW TRAINING                                   |   | <b>6</b> | MARKET SURVEY |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>0</b>  | TO SHOW COMPLIANCE WITH THE CFR  
   |  |  |  |  |                |  |   |   | <b>7</b>                   | OPERATING (Primary Category) KIT BUILT AIRCRAFT |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>8</b>   | SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)  
  |   | <b>1</b>  | OPERATING LIGHT-SPORT  
   |  |  |  |  |                |  |   |   |                            | <b>8A</b>                                       | Existing Aircraft without an airworthiness certificate & do not meet § 103.1                                  |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>8</b>  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            | <b>8B</b>                                       | Operating Light-Sport Kit-Built   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>8</b>  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            | <b>8C</b>                                       | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>1</b>  | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE   
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>2</b>  | EVACUATION FROM AREA OF IMPENDING DANGER   
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   | <b>3</b>  | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT  
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  | <b>4</b>  | DELIVERING OR EXPORTING                                   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   | <b>5</b>   |  |  |  |                |  |   |   | PRODUCTION FLIGHT TESTING  |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  | <b>6</b>  | CUSTOMER DEMONSTRATION FLIGHTS                            | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)  |   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>II. CERTIFICATION REQUESTED</b>   | <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   | IF DEALER, CHECK HERE <input type="checkbox"/>  |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | NAME<br><b>Blackwater Airships, LLC</b>   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  | ADDRESS<br>PO Box 1029, Moyock NC 27958-1029   |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br><b>N/A</b>   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  | AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) |  |  |                |  |   | <b>N/A</b>                                      |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | AIRCRAFT LISTING (Give page number(s))<br><b>N/A</b>  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |  |  |                |  |   | <b>N/A</b>                                      |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b>  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417   
  |   | TOTAL AIRFRAME HOURS<br><b>55.5</b>                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  | 3  |  | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |                |  |   |   | <b>55.5</b>                |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <i>et seq.</i> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| DATE OF APPLICATION<br><b>August 28, 2008</b>  |   
  | NAME AND TITLE (Print or type)<br><b>Alan Ram (Vice President)</b>                              |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   | SIGNATURE<br>   |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |   
  |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |  
   |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |  
   |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |  
   |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>III. OWNER'S CERTIFICATION</b>  | <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(d) applies)  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | 2   
  |   | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   | 3  |  | CERTIFIED MECHANIC (Give Certificate No.)                          |  |                | 6  |   | CERTIFIED REPAIR STATION (Give Certificate No.) |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | 5   
  |   | AIRCRAFT MANUFACTURER (Give name or firm)                 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| DATE   |   
  | TITLE   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   | SIGNATURE  |  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>IV. INSPECTION AGENCY VERIFICATION</b>  | (Check ALL applicable block items A and B)  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  | THE CERTIFICATE REQUESTED  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | A. I find that the aircraft described in Section I or VII meets requirements for  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  | 4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE   |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  | B. Inspection for a special permit under Section VII was conducted by:  
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  | FAA INSPECTOR  |  |  | FAA DESIGNEE   |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
|  |   
  |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  | CERTIFICATE HOLDER UNDER   |  |  | 14 CFR part 65 |  | 14 CFR part 121 OR 135                            |   | 14 CFR part 145            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          |  
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| DATE   |   
  | DISTRICT OFFICE   |   | 4 DESIGNEE'S SIGNATURE AND NO.   
   |  | FAA INSPECTOR'S SIGNATURE  |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
                        |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |
| <b>9/5/2008</b>  |   
  | <b>Atlanta Mido</b>   |   |    
   |  | <b>1</b>   |  |  |                |  |   |   |                            |   |   |          |               |        |         |           |           |          |         |          |                                     |          |   |                    |                      |        |                  |                                |  |  |  |          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |  |  |  |          |            |  |          |                 |  |  |          |                              |         |          |         |  |  |  |  |  |  |          |  |          |                              |  |          |                 |                      |        |                  |  |  |  |          |               |         |          |            |          |   
  |  |  |          |            |  |  |          |                              |  |          |                              |  |          |               |  |          |               |  |  |          |               |          |                                 |                    |  |  |          |                                |  |  |  |          |   |  |  |          |   
  |            |  |          |                 |                       |  |          |                 |  |          |                              |  |  |  |           |  |  |          |  |          |               |  |          |                    |  |  |          |                                |  |  |           |                                 |  |          |            |          |          |            |  |          |                 |  |  |          |                 |  |           |   |  |          |               |          |  |               |          |  |  |          |  |                                 |  |  |  |  |          |  |  |          |               |   |          |            |  |  |          |  |          |            |   |  |  |  |  |  |  |  |          |               |           |  |               |                         |  |          |  |          |                                 |  |  |  |  |                           |  |  |           |                                 |   |          |                                |          |  |          |  |  |          |                       |  |  |   |  |           |   |  |  |  |           |  |  |  |  |                                    |   |  |  |  |  |  |  |          |  |  |           |  |  |   |  |          |  |  |  |  |          |   |  |  |  |  |           |   |  |  |  |          |  |          |                         |  |          |   |  |  |  |  |  |  |                           |  |  |  |            |  |  |                                |  |  |  |  |  |          |   |  |  |   |  |  |  |  |  |  |  |  |          |                         |  |                                    |   |   |  |                                     |  |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |                                    |   |  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |   |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |   |  |                                     |      |  |       |  |  |           |  |            |  |  |  |   
  |   |  |  |  |  |  |                           |  |            |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                   |  |  |  |   |  |  |               |  |  |              |             |  |  |   |  |   |  |   |                          |   |  |                |   |                        |   |                 |  |      |   |  |  |                                |  |                           |  |  |                                   |  |      |  |                 |  |                     |           |  |  |          |  |  |  |   |  |   |  |   |  |   |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |       |  |  |               |  |  |              |  |  |  |   |  |  |  |  |  |                           |  |  |                |  |                        |  |  |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |              |          |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |  |      |  |                 |  |                                |  |                           |  |  |  |  |  |  |                 |  |                     |  |  |  |          |  |  |  |  |  |



VI. PRODUCTION FLIGHT TESTING	A. MANUFACTURER						
	NAME			ADDRESS			
	B. PRODUCTION BASIS (Check applicable item)						
		PRODUCTION CERTIFICATE (Give production certificate number)		→			
		TYPE CERTIFICATE ONLY					
		APPROVED PRODUCTION INSPECTION SYSTEM					
	C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS						
	DATE OF APPLICATION		NAME AND TITLE (Print or Type)			SIGNATURE	
	A. DESCRIPTION OF AIRCRAFT						
	REGISTERED OWNER			ADDRESS			
BUILDER (Make)			MODEL				
SERIAL NUMBER			REGISTRATION MARK				
B. DESCRIPTION OF FLIGHT			CUSTOMER DEMONSTRATION FLIGHTS <input type="checkbox"/> (Check if applicable)				
FROM			TO				
VIA			DEPARTURE DATE		DURATION		
C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT							
<input type="checkbox"/>	PILOT	<input type="checkbox"/>	CO-PILOT	<input type="checkbox"/>	FLIGHT ENGINEER	<input type="checkbox"/>	OTHER (Specify)
D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:							
E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary)							
F. CERTIFICATION – I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described.							
DATE		NAME AND TITLE (Print or Type)				SIGNATURE	
VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST	A. Operating Limitations and Markings in Compliance with 14 CFR Section 91.9, as applicable.				G. Statement of Conformity, FAA Form 8130-9 (Attach when required)		
	<input checked="" type="checkbox"/> B. Current Operating Limitations Attached				H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)		
	C. Data, Drawings, Photographs, etc. (Attach when required)				I. Previous Airworthiness Certificate Issued in Accordance with		
	<input checked="" type="checkbox"/> D. Current Weight and Balance information Available in Aircraft				14 CFR Section 21.191 (a) CAR _____ (Original Attached)		
	E. Major Repair and Alteration, FAA Form 337 (Attach when required)				J. Current Airworthiness Certificate Issued in Accordance with		
	<input checked="" type="checkbox"/> F. This inspection Recorded in Aircraft Records				14 CFR Section 21.191 (a) (Copy Attached)		
					K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)		



UNITED STATES OF AMERICA  
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
**SPECIAL AIRWORTHINESS CERTIFICATE**

A	CATEGORY/DESIGNATION <b>EXPERIMENTAL</b>	
	PURPOSE <b>RESEARCH AND DEVELOPMENT</b>	
B	MANUFACTURER	NAME <b>N/A</b> ADDRESS <b>N/A</b>
C	FLIGHT	FROM <b>N/A</b> TO <b>N/A</b>
D	N- 6542B BUILDER <b>BLACKWATER AIRSHIP LLC</b>	SERIAL NO. <b>400-003</b> MODEL <b>POLAR 400</b>
	DATE OF ISSUANCE <b>SEPT 5, 2008</b>	EXPIRY <b>SEPT 4, 2009</b>
E	OPERATING LIMITATIONS DATED <b>SEPT 5, 2008</b>	ARE A PART OF THIS CERTIFICATE
	SIGNATURE OF FAA REPRESENTATIVE  <i>J. HANKINSON</i>	DESIGNATION OR OFFICE NO.  <b>DARF501107CE</b>

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.

## UNITED STATES OF AMERICA

DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
SPECIAL AIRWORTHINESS CERTIFICATE

A	CATEGORY/DESIGNATION <b>EXPERIMENTAL</b>	
	PURPOSE <b>RESEARCH AND DEVELOPMENT</b>	
B	MANU-FACTURER	NAME <b>N/A</b> ADDRESS <b>N/A</b> <i>D</i>
C	FLIGHT	FROM <b>N/A</b> <i>C</i> TO <b>N/A</b> <i>C</i>
D	<b>N-6542B</b> <i>C</i>	SERIAL NO. <b>400-001</b>
	<b>BUILDER BLACKWATER AIRSHIPS LLC</b> <i>C</i>	MODEL <b>POLAR 400</b>
	DATE OF ISSUANCE <b>NOV 7 2007</b>	EXPIRY <b>NOV 6 2008</b>
E	OPERATING LIMITATIONS DATED NOV 7 2007 ARE A PART OF THIS CERTIFICATE	
	SIGNATURE OF FAA REPRESENTATIVE <i>S. J. Hankinson</i>	DESIGNATION OR OFFICE NO. <b>DARF501107CE</b>

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.

FNAME  
REVDATE  
USER

REVISIONS				
ZONE	REV	DESCRIPTION	DATE	APPROVED
	A	INITIAL RELEASE	07-08-07	-

ITEM	QTY.	PART NUMBER	DESCRIPTION	REMARKS
CAD DWG. DO NOT SCALE DRAWING				
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES: ±0.30° ANGLES: ±0.30° FRACTION: ±1/64 DECIMALS: X .±.001 XX .±.001 XXX .±.005 XXXX .±.0005 DIMENSIONS AND TOLERANCES APPLY AFTER PLATING REMOVE ALL BURRS AND SHARP EDGES				
BLACKWATER		BLACKWATER AIRSHIPS LLC ELIZABETH CITY, NORTH CAROLINA 27909		
MATERIAL NOTED		DESCRIPTION POLAR 400 GA		
DRAWN BY R HAMMOND	DATE 07-08-07	SIZE D	PART NO. 400-00-008	REV. A
APPROVED NAME	DATE D W Y	SCALE N.T.S		SHT. 1/1





**U.S. Department  
of Transportation**  
**Federal Aviation  
Administration**

**SPECIAL  
EXPERIMENTAL  
RESEARCH and DEVELOPMENT  
OPERATING LIMITATIONS**

**MAKE: Blackwater Airships, LLC**

**MODEL: Polar 400**

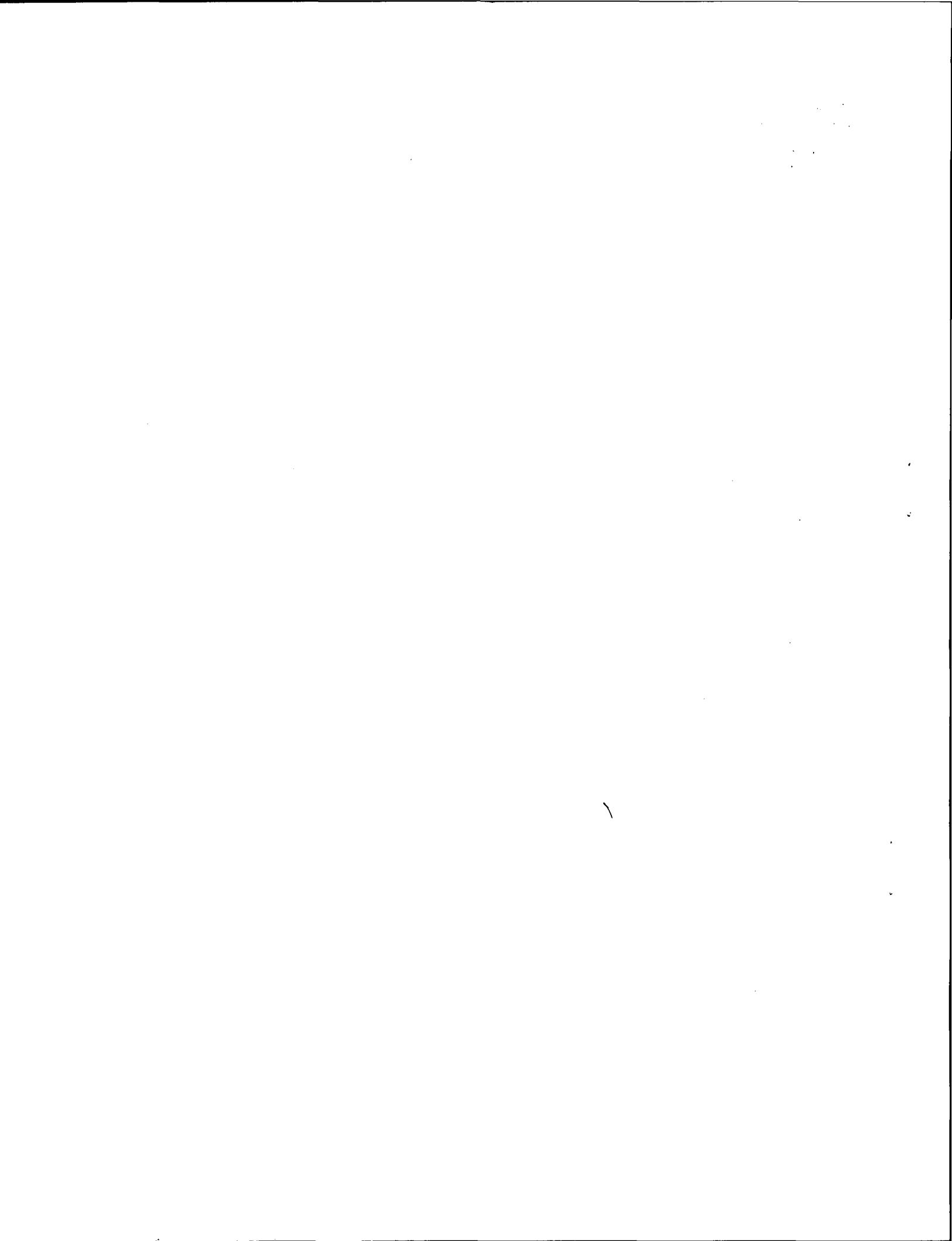
**SERIAL NUMBER: 400-001**

**REG. NUMBER: N6542B**

**Date Issued: September 5, 2008**

**Expiration Date: September 4, 2009**

- 1) No person may operate this aircraft unless Form 8130-7 is displayed at the cockpit entrance and visible to flight crew members.
- 2) No person may operate this aircraft for other than the purpose of Research and Development, to accomplish the flight operation outlined in the program letter dated August 28, 2008, which describes compliance with §21.193(d), and has been made available to the pilot in command of the aircraft. In addition, this aircraft must be operated in accordance with applicable air traffic and general operating rules of part 91, and all additional limitations herein prescribed under provisions of §91.319(e).
- 3) All flights of this aircraft must be conducted over open water or sparsely populated areas having light air traffic, within the geographic area described as follows: Within 150 nautical mile radius of the former Weeksville, NC Naval Air Station (EKV) 36°13'59.19"N, 76°08'0.01"W.
- 4) This aircraft must not be operated unless it is inspected and maintained in accordance with the manufacturers recommendations. The owner/operator must select, establish, identify, and use an inspection program as set forth in §91.409(e), (f), (g) and (h). This inspection program must be recorded in the aircraft maintenance records.
- 5) The pilot in command of this aircraft must hold an appropriate category/class rating. If required for the type of aircraft to be flown, the pilot in command also must hold either an appropriate type rating or a letter of authorization issued by an FAA Flight Standards Operations Inspector.
- 6) This aircraft is to be operated under VFR, day and/or night.
- 7) No person may operate this aircraft for carrying persons or property for compensation or hire.
- 8) No person may be carried in this aircraft during flight unless that person is essential to the purpose of the flight.
- 9) The pilot in command of this aircraft must advise each passenger of the experimental nature of this aircraft, and explain that it does not meet the certification requirements of a standard certificated aircraft.
- 10) This aircraft must contain the placards, markings, etc. required by §91.9(c).
- 11) This aircraft is prohibited from aerobatic flight, that is, an intentional maneuver involving an abrupt change in the aircraft's attitude, an abnormal attitude, or abnormal acceleration not necessary for normal flight.



- 12) No person may operate this aircraft unless within the preceding 12 calendar months it has had a condition inspection performed in accordance with appendix D of part 43, or other FAA approved program, and was found to be in a condition for safe operation. This inspection will be recorded in the aircraft maintenance records.
- 13) Only FAA certificated mechanics with appropriate ratings as authorized by §43.3 may perform inspections required by these operating limitations.
- 14) Inspections must be recorded in the aircraft maintenance records showing the following, or a similar worded statement: "I certify that this aircraft has been inspected on [insert date] in accordance with the scope and detail of appendix D to part 43, or other FAA approved program, and was found to be in a condition of safe operation." The entry will include the aircraft's total time-in-service, and the name, signature, certificate held by the person performing the inspection.
- 15) This aircraft must display the word "EXPERIMENTAL" in accordance with §45.23(b).
- 16) The pilot in command of this aircraft must notify air traffic control of the experimental nature of this aircraft when operating into or out of airports with operating control towers. The pilot in command must plan routing that will avoid densely populated areas and congested airways when operating VFR.
- 17) Aircraft instruments and equipment installed and used under §91.205 must be inspected and maintained in accordance with the requirements of parts 43 and 91. Any maintenance or inspection of this equipment must be recorded in the aircraft maintenance records.
- 18) Application must be made to the Atlanta MIDO for any revision to these operating limitations.
- 19) Section §47.45 requires that the FAA Aircraft Registry must be notified within 30 days of any change in the aircraft registrant's address. Such notification is to be made by submitting Form 8050-1 to AFS-750 in Oklahoma City, Oklahoma.

September 5, 2008

Date



FAA Representative

John Hankinson

DARF501107CE

Designation

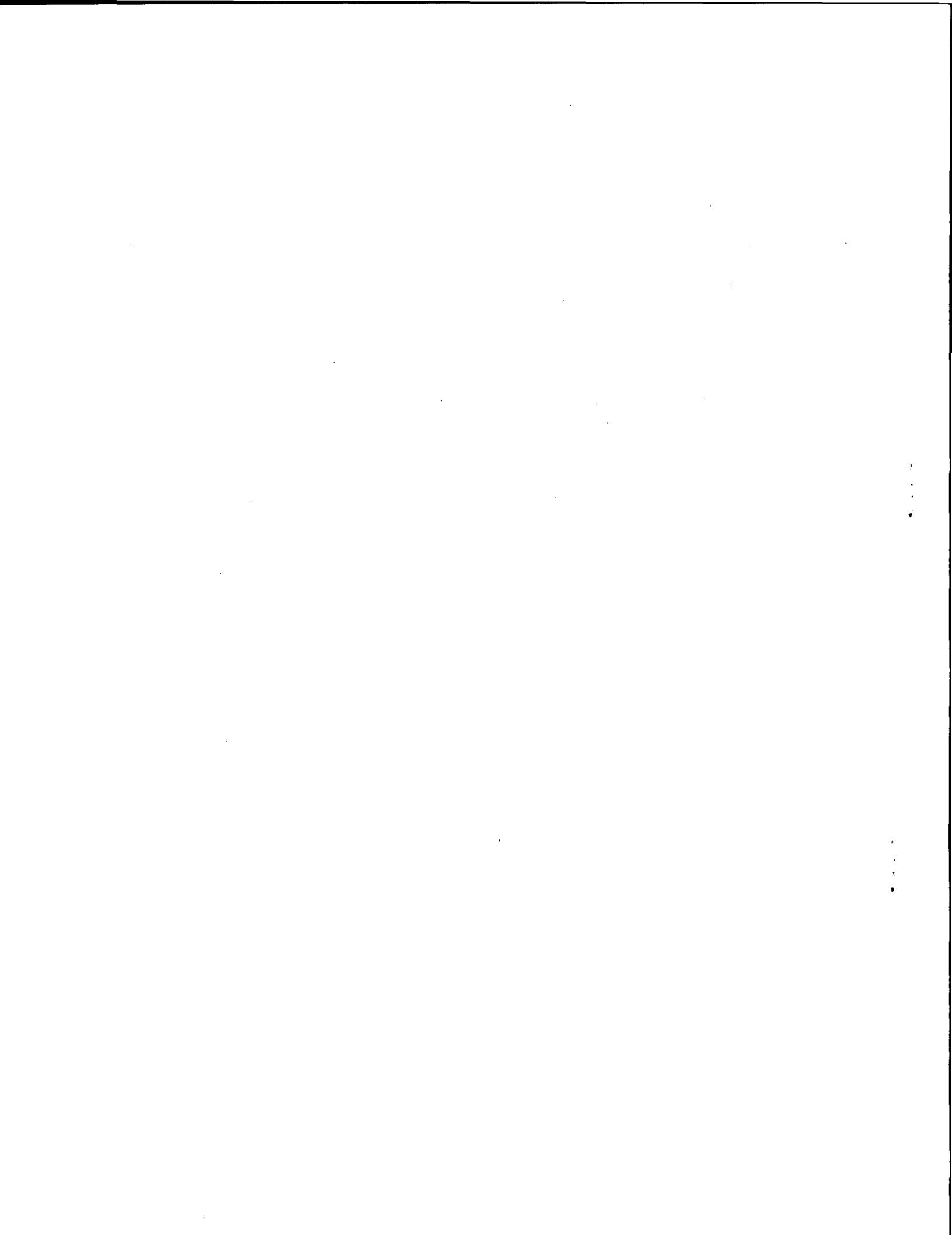
These operating Limitations have been explained, are understood and accepted

September 5, 2008

Date

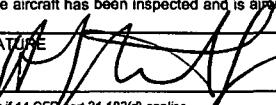


Pilot in Command



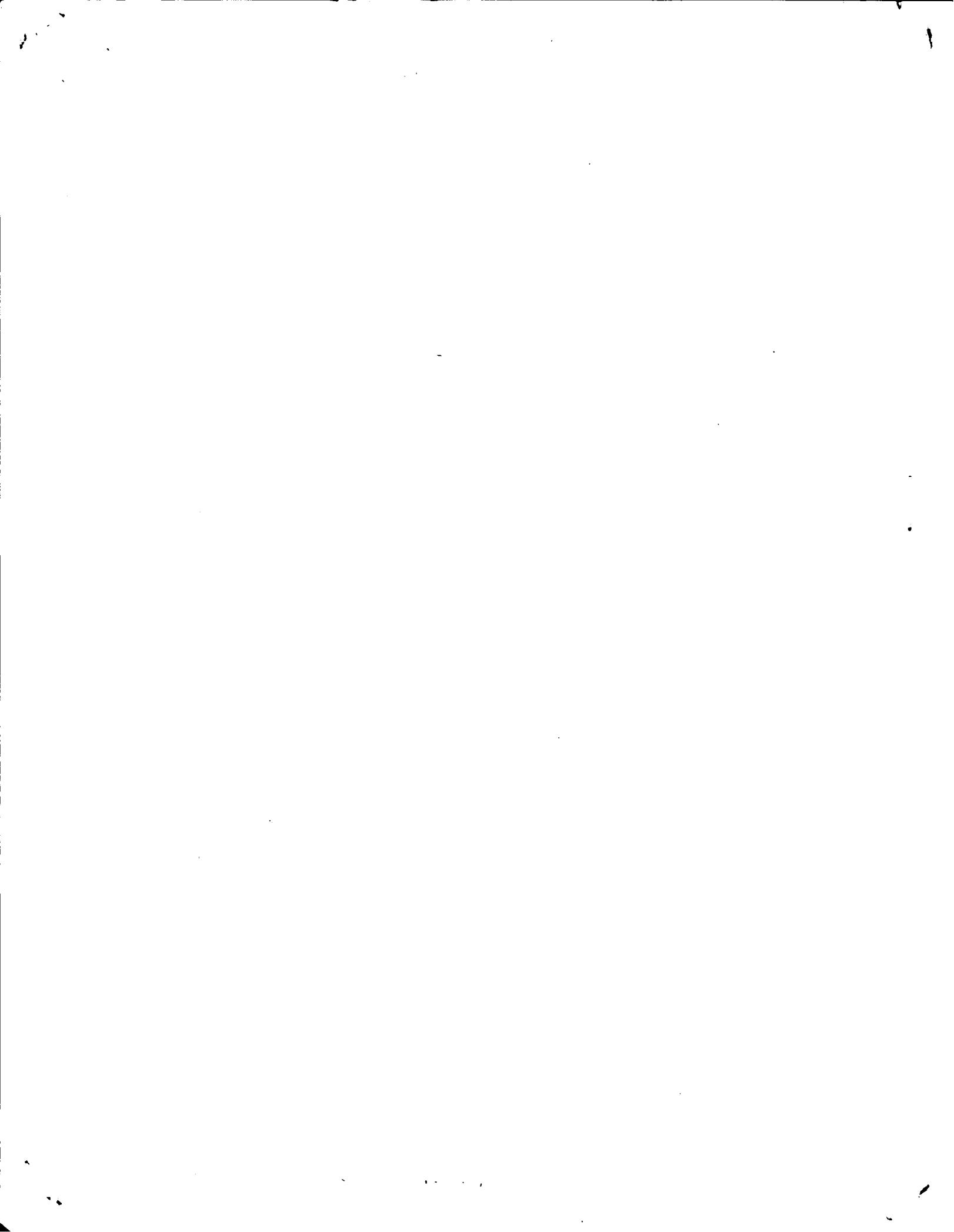
## FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE

Form Approved O.M.B. No. 2120-0018  
09/30/2007

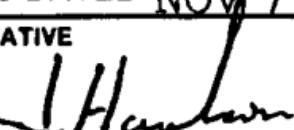
 U.S. Department of Transportation Federal Aviation Administration		<b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>				<b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI and VII as applicable.										
		1. REGISTRATION MARK N6542B		2. AIRCRAFT BUILDER'S NAME (Make) Blackwater Airships, LLC								3. AIRCRAFT MODEL DESIGNATION Polar 400		4. YR. MFR. 2007		FAA CODING 06100016
I. AIRCRAFT DESIGNATION	5. AIRCRAFT SERIAL NO. 400-001		6. ENGINE BUILDER'S NAME (Make) Thielert		7. ENGINE MODEL DESIGNATION Centurian 4.0		8. NUMBER OF ENGINES 1 (one)		9. PROPELLER BUILDER'S NAME (Make) MT-Propeller		10. PROPELLER MODEL DESIGNATION MTV-6-A-CR(H)/CRRD175-05		11. AIRCRAFT IS (Check if applicable) IMPORT			
	SPECIAL AIRWORTHINESS CERTIFICATE (Check applicable items)															
	<input checked="" type="checkbox"/> STANDARD AIRWORTHINESS CERTIFICATE (Indicate Category) <input type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> COMMUTER <input type="checkbox"/> BALLOON <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)															
II. CERTIFICATION REQUESTED	7. PRIMARY															
	9. LIGHT-SPORT (Indicate Class)		AIRPLANE		POWER-PARACHUTE		WEIGHT-SHIFT-CONTROL		GLIDER		LIGHTER THAN AIR					
	2. LIMITED															
	5. PROVISIONAL (Indicate Class)		1. CLASS I													
	3. RESTRICTED (Indicate operation(s) to be conducted)		2. CLASS II													
	4. EXPERIMENTAL (Indicate operation(s) to be conducted)		3. AGRICULTURE AND PEST CONTROL		2. AERIAL SURVEY		3. AERIAL ADVERTISING									
	3. FOREST (Wildlife Conservation)		4. PATROLLING		5. WEATHER CONTROL											
	0. OTHER (Specify)															
	4. EXPERIMENTAL (Indicate operation(s) to be conducted)		1. ✓ RESEARCH AND DEVELOPMENT		2. AMATEUR BUILT		3. EXHIBITION									
	4. AIR RACING		5. CREW TRAINING		6. MARKET SURVEY											
	0. TO SHOW COMPLIANCE WITH THE CFR		7. OPERATING (Primary Category) KIT BUILT AIRCRAFT													
	8. OPERATING LIGHT-SPORT		8A. Existing Aircraft without an airworthiness certificate & do not meet § 103.1													
	8. OPERATING LIGHT-SPORT		8B. Operating Light-Sport Kit-Built													
	8. OPERATING LIGHT-SPORT		8C. Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190													
	8. SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		1. FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE													
	8. SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		2. EVACUATION FROM AREA OF IMPENDING DANGER													
8. SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		3. OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT														
8. SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		4. DELIVERING OR EXPORTING		5. PRODUCTION FLIGHT TESTING												
8. SPECIAL FLIGHT PERMIT (Indicate operation(s) to be conducted, then complete Section VI or VII as applicable on reverse side)		6. CUSTOMER DEMONSTRATION FLIGHTS														
C. MULTIPLE AIRWORTHINESS CERTIFICATE (check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)																
III. OWNER'S CERTIFICATION	A. REGISTERED OWNER (As shown on certificate of aircraft registration)				IF DEALER, CHECK HERE <input type="checkbox"/>											
	NAME Blackwater Airships, LLC.				ADDRESS PO Box 1029, Moyock NC 27958-1029											
	B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)															
	AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) N/A				AIRWORTHINESS DIRECTIVES (Check if all applicable AD's are compiled with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) N/A											
	AIRCRAFT LISTING (Give page number(s)) N/A				SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) N/A											
	C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS															
	CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR Section 91.417		TOTAL AIRFRAME HOURS 0		3		EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) 0									
	D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.															
	DATE OF APPLICATION 11 October 2007		NAME AND TITLE (Print or type) Hank Steenstra (Vice President)				SIGNATURE 									
	IV. INSPECTION AGENCY VERIFICATION	A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR Part 21.183(d) applies.)														
2. 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)		3		CERTIFICATED MECHANIC (Give Certificate No.)		6		CERTIFICATED REPAIR STATION (Give Certificate No.)								
5. AIRCRAFT MANUFACTURER (Give name or firm)																
DATE		TITLE		SIGNATURE												
V. FAA REPRESENTATIVE CERTIFICATION	(Check ALL applicable block items A and B)				✓ THE CERTIFICATE REQUESTED											
	A. I find that the aircraft described in Section I or VII meets requirements for				4. AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE											
	B. Inspection for a special permit under Section VII was conducted by:				FAA INSPECTOR		FAA DESIGNEE		CERTIFICATE HOLDER UNDER		14 CFR part 65		14 CFR part 121 OR 135		14 CFR part 145	
	DATE 11/7/2007		DISTRICT OFFICE Atlanta MIDO		DESIGNEE'S SIGNATURE AND NO.  DAFR 501107 CE		FAA INSPECTOR'S SIGNATURE									



VI. PRODUCTION FLIGHT TESTING	A. MANUFACTURER						
	NAME		ADDRESS				
	B. PRODUCTION BASIS (Check applicable item)						
		PRODUCTION CERTIFICATE (Give production certificate number) <input type="text"/>					
		TYPE CERTIFICATE ONLY					
		APPROVED PRODUCTION INSPECTION SYSTEM					
	C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS						
	DATE OF APPLICATION	NAME AND TITLE (Print or Type)		SIGNATURE			
	A. DESCRIPTION OF AIRCRAFT						
	REGISTERED OWNER		ADDRESS				
BUILDER (Make)		MODEL					
SERIAL NUMBER		REGISTRATION MARK					
B. DESCRIPTION OF FLIGHT		CUSTOMER DEMONSTRATION FLIGHTS <input type="checkbox"/> (Check if applicable)					
FROM		TO					
VIA		DEPARTURE DATE	DURATION				
C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT							
<input type="checkbox"/>	PILOT	<input type="checkbox"/>	CO-PILOT	<input type="checkbox"/>	FLIGHT ENGINEER	<input type="checkbox"/>	OTHER (Specify)
D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:							
E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary)							
F. CERTIFICATION – I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> , and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described.		DATE			NAME AND TITLE (Print or Type)		SIGNATURE
VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST	A. Operating Limitations and Markings in Compliance with 14 CFR Section 91.9, as applicable.			G. Statement of Conformity, FAA Form 8130-9 (Attach when required)			
	<input checked="" type="checkbox"/> B. Current Operating Limitations Attached			H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)			
	C. Data, Drawings, Photographs, etc. (Attach when required)			I. Previous Airworthiness Certificate Issued in Accordance with 14 CFR Section <input type="text"/> CAR <input type="text"/> (Original Attached)			
	<input checked="" type="checkbox"/> D. Current Weight and Balance Information Available in Aircraft						
	E. Major Repair and Alteration, FAA Form 337 (Attach when required)			<input checked="" type="checkbox"/> J. Current Airworthiness Certificate Issued in Accordance with 14 CFR Section <input type="text"/> 21.191 (a) (Copy Attached)			
	<input checked="" type="checkbox"/> F. This inspection Recorded in Aircraft Records			K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)			



UNITED STATES OF AMERICA  
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
**SPECIAL AIRWORTHINESS CERTIFICATE**

<b>A</b>	CATEGORY/DESIGNATION <b>EXPERIMENTAL</b>	
	PURPOSE <b>RESEARCH AND DEVELOPMENT</b>	
<b>B</b>	MANU-FACTURER	NAME <b>N/A</b>
		ADDRESS <b>N/A</b>
<b>C</b>	FLIGHT	FROM <b>N/A</b>
		TO <b>N/A</b>
<b>D</b>	N- 6542B	SERIAL NO. <b>400-001</b>
	BUILDER <b>BLACKWATER AIRSHIPS LLC</b>	MODEL <b>POLAR 400</b>
<b>E</b>	DATE OF ISSUANCE <b>NOV 7 2007</b>	EXPIRY <b>NOV 6 2008</b>
	OPERATING LIMITATIONS DATED <b>NOV 7 2007</b> ARE A PART OF THIS CERTIFICATE	
SIGNATURE OF FAA REPRESENTATIVE	DESIGNATION OR OFFICE NO.	
<b>J. HANKINSON</b> 	<b>DARF501107CE</b>	

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

A	This airworthiness certificate is issued under the authority of the Federal Aviation Act of 1958 and the Federal Aviation Regulations (FAR).
B	This airworthiness certificate authorizes the manufacturer named on the reverse side to conduct production flight tests, and only production flight tests, of aircraft registered in his name. No person may conduct production flight tests under this certificate: (1) Carrying persons or property for compensation or hire; and/or (2) Carrying persons not essential to the purpose of the flight.
C	This airworthiness certificate authorizes the flight specified on the reverse side for the purpose shown in Block A.
D	This airworthiness certificate certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to meet the requirements of the applicable FAR. The aircraft does not meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention On International Civil Aviation. No person may operate the aircraft described on the reverse side: (1) except in accordance with the applicable FAR and in accordance with conditions and limitations which may be prescribed by the Administrator as part of this certificate; (2) over any foreign country without the special permission of that country.
E	Unless sooner surrendered, suspended, or revoked, this airworthiness certificate is effective for the duration and under the conditions prescribed in FAR Part 21, Section 21.181 or 21.217.



U.S. Department  
of Transportation

Federal Aviation  
Administration

**SPECIAL  
EXPERIMENTAL  
RESEARCH and DEVELOPMENT  
OPERATING LIMITATIONS**

**MAKE: Blackwater Airships, LLC**

**MODEL: Polar 400**

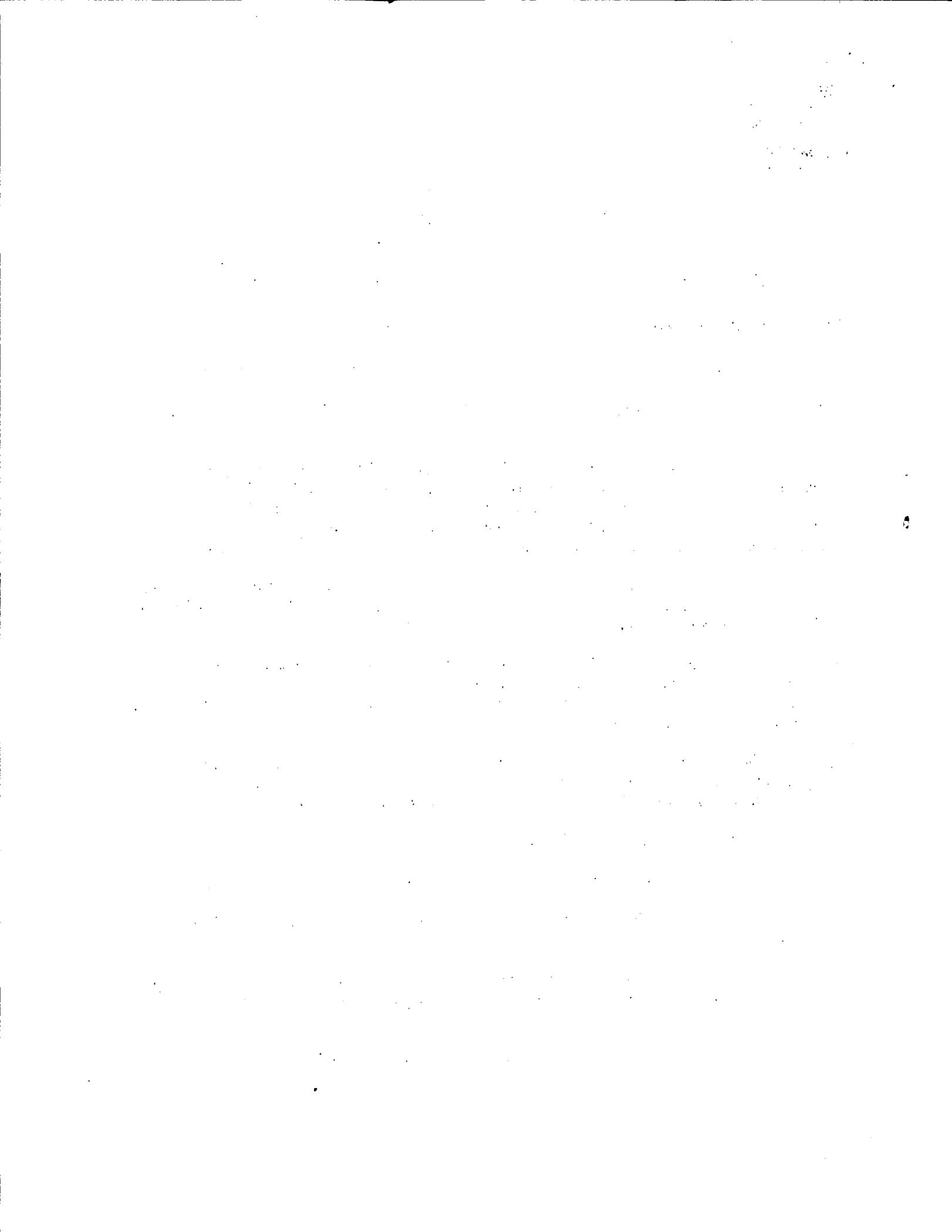
**SERIAL NUMBER: 400-001**

**REG. NUMBER: N6542B**

**DATE ISSUED: Nov. 7, 2007**

**EXPIRATION: Nov. 6, 2008**

- 1) No person may operate this aircraft unless Form 8130-7 is displayed at the cabin or cockpit entrance and visible to flight crew members.
- 2) No person may operate this aircraft for other than the purpose of Research and Development, to accomplish the flight operation outlined in the program letter dated October 1, 2007, which describes compliance with 21.193(d), and has been made available to the pilot in command of the aircraft. In addition, this aircraft must be operated in accordance with applicable air traffic and general operating rules of part 91, and all additional limitations herein prescribed under provisions of 91.319(e).
- 3) All flights of this aircraft must be conducted over open water or sparsely populated areas having light air traffic, within the geographic area described as follows: Within 50 nautical mile radius of the former Weeksville, NC Naval Air Station (EKV) 36°13'59.19"N, 76°08'0.01"W.
- 4) This aircraft must not be operated unless it is inspected and maintained in accordance with the manufacturers recommendations. The owner/operator must select, establish, identify, and use an inspection program as set forth in 91.409(e), (f), (g) and (h). This inspection program must be recorded in the aircraft maintenance records.
- 5) The pilot in command of this aircraft must hold an appropriate category/class rating. If required for the type of aircraft to be flown, the pilot in command also must hold either an appropriate type rating or a letter of authorization issued by an FAA Flight Standards Operations Inspector.
- 6) This aircraft is to be operated under VFR, day and/or night.
- 7) No person may operate this aircraft for carrying persons or property for compensation or hire.
- 8) No person may be carried in this aircraft during flight unless that person is essential to the purpose of the flight.
- 9) The pilot in command of this aircraft must advise each passenger of the experimental nature of this aircraft, and explain that it does not meet the certification requirements of a standard certificated aircraft.
- 10) This aircraft must contain the placards, markings, etc. required by 91.9©.



- 11) This aircraft is prohibited from aerobatic flight, that is, an intentional maneuver involving an abrupt change in the aircraft's attitude, an abnormal attitude, or abnormal acceleration not necessary for normal flight.
- 12) No person may operate this aircraft unless within the preceding 12 calendar months it has had a condition inspection performed in accordance with appendix D of part 43, or other FAA approved program, and was found to be in a condition for safe operation. This inspection will be recorded in the aircraft maintenance records.
- 13) Only FAA certificated mechanics with appropriate ratings as authorized by 43.3 may perform inspections required by these operating limitations.
- 14) Inspections must be recorded in the aircraft maintenance records showing the following, or a similar worded statement: "I certify that this aircraft has been inspected on [insert date] in accordance with the scope and detail of appendix D to part 43, or other FAA approved program, and was found to be in a condition of safe operation." The entry will include the aircraft's total time-in-service, and the name, signature, certificate held by the person performing the inspection.
- 15) This aircraft must display the word "EXPERIMENTAL" in accordance with 45.23(b).
- 16) The pilot in command of this aircraft must notify air traffic control of the experimental nature of this aircraft when operating into or out of airports with operating control towers. The pilot in command must plan routing that will avoid densely populated areas and congested airways when operating VFR.
- 17) Aircraft instruments and equipment installed and used under 91.205 must be inspected and maintained in accordance with the requirements of parts 43 and 91. Any maintenance or inspection of this equipment must be recorded in the aircraft maintenance records.
- 18) Application must be made to the Atlanta MIDO for any revision to these operating limitations.
- 19) Section 47.45 requires that the FAA Aircraft Registry must be notified within 30 days of any change in the aircraft registrant's address. Such notification is to be made by submitting Form 8050-1 to AFS-750 in Oklahoma City, Oklahoma.

Nov. 7, 2007  
Date

J. Hankinson  
FAA Representative

DARF501107CE  
Designation

These operating Limitations have been explained, are understood and accepted

Nov. 7, 2007  
Date

Douglas M. Yar  
Pilot in Command

